

THE HYDROPATHIC TREATMENT

OF DISEASES

PECULIAR TO WOMEN,

&c. &c.

THE
HYDROPATHIC TREATMENT
OF DISEASES
PECULIAR TO WOMEN;
AND OF
WOMEN IN CHILDBED;
WITH SOME OBSERVATIONS
ON THE MANAGEMENT OF INFANTS:

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P R E F A C E.

ABOUT twelve months have elapsed since I published my 'DOMESTIC PRACTICE OF HYDROPATHY.' From its pages I purposely excluded those diseases which are peculiar to women. I thought it better that these should be collected into one small volume by themselves, for the use of those only whom alone they concern.

The disordered conditions treated in the following pages, some of them at least, are amongst the most common of all human maladies. They are, moreover, a class of

cases in which drugs are signally inefficient; rarely failing to aggravate the disease they are given to remedy; and often superadding new maladies to those which were already afflicting the patient; until the antidote at last becomes more fatal than the poison it was given to neutralize.

It has fallen to my lot to see a great deal of this class of cases, not, only of late years, but also whilst practising the old treatment in London. I have had, therefore, a fair opportunity of comparing the relative merits of the two treatments—the old one, as still practised by the great majority of medical men; and the new one, or that which I have adopted of late years, and which consists of the Hydropathic method, properly modified to suit the peculiarities of particular constitutions, added (in certain cases) to the local treatment in general use. By the term, '*certain cases*,' I more

particularly allude to those morbid affections of the uterus which embitter the existence of so many women, and frequently exist for years without being detected or suspected. It is, indeed, only within these last few years that the pathology of these diseases has *begun* to be understood; and as their existence cannot be ascertained without considerable trouble, they are more often overlooked by the great bulk of medical practitioners than any others; and the long train of distressing symptoms to which they give rise, is frequently attributed to any cause but the right one.

The result of my experience in the two treatments—that which I formerly practised in common with all others, and that which of late years I have adopted—fully warrants me in adhering to the latter, as incomparably the more efficient and successful.

Amongst the diseases of women, I have in-

cluded *Fissure*—an extremely painful affection of the lower bowel. I am told that this malady sometimes occurs in men. This may be so, for ought I know; but I have never myself met with it in any male subject. At all events, it happens so much more frequently to women as to justify, I think, its introduction here; and I am quite sure that it is frequently connected with, and dependent upon, disease of the uterus. I have at this moment, in my house, a case which puts this question beyond all doubt.

The management of infants, and of women in childbed, are subjects which, in literal strictness, are not embraced under the head of diseases of women. Nevertheless, here, as everywhere else in my writings, I have not hesitated to sacrifice every other consideration to that of practical utility. I have introduced, therefore, a few observations on these subjects; and their value, if they possess any, will not be at all diminished,

because they happen to be found somewhat in their wrong place.

I cannot conclude without saying one word in reprobation of a practice which has, of late years, and with a certain school of practitioners, become exceedingly common, and extensively mischievous. I mean the practice of introducing certain steel instruments, and persuading women to wear such instruments for weeks and months together.

Within the last year, I have seen no fewer than three cases of extensive, and probably life-long, mischief, inflicted by this practice.

EDWARD JOHNSON.

UMBERSLADE HALL, HOCKLEY HEATH,
Near Birmingham, May 20th, 1850.

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THE HYDROPATHIC TREATMENT

OF THE

DISEASES OF WOMEN.

GENERAL DIRECTIONS AND OBSERVATIONS.

EVERY bath should be taken while the body is warm, and the circulation somewhat accelerated.

Every bath should, therefore, be immediately preceded by a short walk of about fifteen or twenty minutes, for the purpose of warming the body; excepting the early morning bath, when the body is already warmed by the heat of the bed.

When the patient comes in from her walk, therefore, she should never have to wait for her bath.

An order for a bath always includes sufficient exercise before it to warm the body, and as much after it as the patient can bear without fatigue. Where exercise can be taken at all, this rule has no exception.

No bath should ever be taken when the patient is greatly fatigued by exercise.

A walk of twenty minutes, or half an hour or more, according to the patient's strength, should always immediately follow each bath. But she should never *fatigue* herself with exercise.

Being in a perspiration is no objection to taking any bath, except the sitz, the foot, and hand baths. When taking these baths the patient should be warm, but she should not perspire.

TIMES FOR BATHING.

When a bath is ordered three times a day, it always means one on rising, one at eleven or twelve o'clock, and one at five or six in the afternoon. When a bath is ordered twice a day, the first is always taken on rising, and the second at eleven o'clock, or five or six in the afternoon, at the patient's option. Throughout this work, when two or more baths are ordered consecutively, thus: Pail douche—shallow bath—sitz; the first is to be taken on rising, the second at eleven or twelve o'clock, and the third at five or six. When the shallow bath, upstanding sheet, wash down, wet friction, or half-bath is ordered, and nothing said about time, about two or three minutes will always be intended. When the pail douche is ordered, and the number of pails not mentioned, *four* will be always intended, two before and two behind. An hour and half, or two hours, should elapse after eating a full meal

before any bath should be taken ; and it is better to let three hours elapse after dinner.

MANNER OF TAKING A BATH.

Every bathing operation should be taken rapidly, and the patient should rub herself—not lazily—but vigorously, and with a hurried bustling motion, so as that the exercise of rubbing shall be sufficient to quicken her heart's action and her breathing ; and thus ensure a strong and glowing reaction.

The moment it is over, she should dress herself as quickly as possible and get out into the air, never loitering in her room for any purpose.

As a general rule, I do not like any large body of water to be put on the head so as to communicate any considerable shock, unless it be expressly ordered, with some specific object, and unless the patient have been accustomed to it.

But the head may be well washed with a wet towel at every bathing operation, unless it be counter-ordered on some special account.

All bathing operations should be suspended on Sundays, the patient merely well washing her chest, stomach, and abdomen on rising.*

MANNER OF DRYING THE BODY AFTER A BATH.

After every bathing operation, whether it be a

* The suspension of all bathing on one day in each week is necessary in order to prevent it from becoming habitual, and increases its influence. It is on this account, and not from any other motive, that these weekly suspensions are recommended.

shallow bath, a wash down, or a mere wet friction with towels, the patient should always be dried in a dry sheet, and *not* by means of towels. She should have a dry sheet thrown immediately over her like a cloak, and *in* this and *with* this she should dry herself. It excludes the air, prevents evaporation from the surface, and is a protection against the chill which exposure is apt to produce. This dry sheet, however, is not necessary after the sitz bath. It should be long enough to extend from the ground upwards over the back, and over the head, and as far down over the forehead as the bridge of the nose.

TEMPERATURE OF BATHS.

The tepid bath may range between 60° and 70° of Fahrenheit.

In this work the word 'tepid' indicates a temperature at 65° Fah. In winter it is always best for patients treating themselves, to begin with tepid water. With some persons, it may be necessary to begin with water at 70°, lowering the temperature gradually, according to the effect upon their sensations and powers of endurance.

In summer time, cold water may be used at once, excepting in cases of unusual delicacy; and these cases are not such as can be safely treated otherwise than under medical superintendence.

As a general rule, there is a more comfortable reaction after cold than after tepid baths.

BED CLOTHING.

The bed clothes should be just sufficient to enable the patient to sleep. It is better to wake with a sensation which induces an inclination to draw the clothes more closely around the shoulders, than with an oppressive sense of heat which induces a disposition to throw the clothes back. We should sleep, as we should eat, because it is necessary; and not for the sake of the luxurious animal gratification which it yields. All necessary animal acts are, by the provident wisdom of Nature, rendered sufficiently enjoyable of themselves. To make them more so, is to expose ourselves to the almost resistless temptation of indulging to excess, and to the certain penalty which she never fails to exact, sooner or later, from all those who, in any way, infringe her laws, or step aside, either to the right hand or the left, from that straight path in which she has determined we should walk if we would be well.

That short morning doze into which one often suffers oneself to fall, (after the full complement of the night's sleep is over,) merely because it is not quite time to rise when one wakes, perhaps about five or six o'clock, is always injurious.

REST.

It is a good plan for all invalids to rest after meals, or at all events to *loiter* only—and if possible in the open air—for half an hour after breakfast and

supper, and an hour or hour and half after dinner. It is an exceedingly bad plan to sit near the fire after eating. Neither should patients sit down to eat immediately after very active exercise. Fifteen or twenty minutes should be suffered to elapse between any sharp exertion and a meal, in order to give time for excitement to subside. With very weakly persons half an hour's horizontal repose will be necessary.

FLANNEL AND CLOTHING.

It is an ordonnance of nature that man shall be warmed by heat generated from *within*, and not by heat accumulated or supplied from *without*. The processes by which animal heat is generated, are also productive of other necessary internal results which are absolutely essential to health. Whatever prevents the free extrication of heat from the surface of the body, has an equal tendency to check its internal generation, and to hinder, therefore, those other results which I have just said are absolutely essential to health. It, moreover, diminishes the appetite, weakens digestion, interferes greatly with the functions of the skin, and thus undermines the very foundations of the house of life. Now it is clear that excessive clothing, heated rooms, &c., whether by day or during sleep, *do* prevent the free extrication of heat from the surface of the body, and therefore, *do* check the generation of internal heat, and are, therefore, in every way, inimical to health

and prolific of disease. Still all this only applies to excessive clothing, and to excessive external heat. The question as to what constitutes excessive clothing still remains unanswered.

It is one of the great misfortunes under which medical men labour, that they can scarcely ever give a plain answer to a plain question; although to bring this against them as an allegation of reproach, is unjust in the highest degree. Invalids are for ever asking: 'Is so and so good?' or, 'Is so and so bad?' If they would say: 'Is so and so good for ME?' or, 'Is so and so bad for ME?' the questions could be answered readily enough, and laconically enough—No, or Yes. But, expressed generally, they are incapable of a succinct answer, simply because there are many things which are proper for one invalid which are improper for others; good for one, bad for another. Medical men, moreover, are perpetually obliged to recommend to their patients what, in itself, may not be good, speaking generally. His patient being placed between two evils, from *both* of which there is no escape, it becomes that patient's interest to submit voluntarily to the lesser of the two, provided that, by so doing, he may escape the greater. In these cases, the medical man balances in his mind which evil of the two is the greater, and, having ascertained this, advises his patient to submit to the *lesser*. Thus it is common enough to hear a physician carefully cautioning one patient against the

very thing which he recommends to another. He recommends one to take active exercise, as leaping—running, hunting, cricket, &c.; while he cautions another, having heart disease, against all sorts of violent exercise. He gives one, having constipated bowels, full permission, and even recommends him, to eat plentifully of all sorts of garden vegetables, as rhubarb, &c. But he strictly interdicts rhubarb to another, even though he be afflicted by the same disease, constipation. Why? Because he has ascertained, by a microscopical examination of his urine, that this latter patient has a tendency to stone in the kidneys or bladder.

With these observations I return to the article of flannel and other clothing. We should never feel oppressed with heat. But neither should we feel starved with cold. I fear I can lay down no more definite rule than this, viz., that we should accustom ourselves to as little clothing as is consistent with an ordinary feeling of comfort; that we should clothe ourselves according to the season; that when out of doors, we should rather seek to warm ourselves by active exercise than by an accumulation of coverings; that those who wear flannel should only do so during the winter, and then only during the day; and that those who require to wear flannel are, generally speaking, those who suffer from disease of the lungs and heart, and those who are too weak or too lame to take much exercise.

There is much less objection to wearing flannel drawers than flannel shirts.

The feet and legs should always be kept warm—the head and throat cool.

Our English custom of doubling every sheet and blanket and counterpane over the chest is an extremely bad practice.

EXERCISE.

This is a most important element in the hydro-pathic treatment, but requires great caution in its use. Persons in health can scarcely take too much; but there are many diseases in which exercise, taken in excess, is extremely injurious and unsafe: as, for instance, heart disease, lung disease, disease of the womb, some forms of spinal disease, &c. &c.

Exercise should always be taken before each meal, and the greatest amount generally between breakfast and dinner. A merely lounging walk, more for the sake of air than exercise, may also be taken in the evening about eight o'clock, that the patient may go cool to bed. When the nature of the disease does not prevent it, exercise should be sharp and active, so as to excite perspiration and quickened breathing. This is very important. In its beneficial influence on the health, the perspiration produced by exercise is extremely and altogether different from that produced by artificial means, and infinitely better in every way and in all respects. In my work, entitled, 'THEORY AND PRINCIPLES

OF HYDROPATHY,' I have shown the *reason* of this by diagram.

DIET.

The best hours for eating are about eight o'clock for breakfast, half-past one or two for dinner, and seven for supper. For persons in strong health, I believe that bread, lean meat (once a day), and potatoes, constitute the perfection of human food.

I do not attach so much importance to meat, however, as some do. So far as mere nutriment is concerned, there is much less difference between bread and meat than is commonly supposed. I do not at all believe that meat is essential to health and strength in the temperate latitudes; except perhaps in very severe winter weather. With many invalids, meat is too stimulating. In others, it seems to oppress the vital powers, and produces drowsiness and lassitude, with a dry skin. It is too *highly concentrated*. And most certainly I do not agree with those who believe lean meat to be more easily digestible than bread and other farinaceous articles.

One of the principal arguments advanced to prove that man is a carnivorous animal, is the fact that he is furnished with tusks, commonly called the eye-teeth or dog-teeth. 'These tusks,' say the advocates of meat, 'were clearly given for the purpose of tearing flesh.' But as the *horse* happens to be furnished with tusks also, this argument does not seem particularly weighty.

The history of the earth and its inhabitants, however, clearly proves that as man is capable of inhabiting all latitudes, he is also capable of supporting himself on the kind of food which each latitude most readily and abundantly yields.

If the Esquimaux refused to eat fish, they would starve.

There are many other viands which are, in themselves, not unwholesome. But, though not unwholesome, they are certainly unnecessary. They are only taken for the sake of variety, or because one is particularly fond of them ; and, in either case, are only so many inducements and temptations to eat too much. Fish, puddings, &c., come under this head of unnecessaries ; and are only bad in their character of seductions to excess. All this, however, only applies to persons in health ; for, among invalids, we sometimes meet with cases, in which it is desirable that the appetite should be provoked by every possible means. We have others for whom a pudding diet exclusively is proper ; others, again, for whom an exclusive diet of lean meat is required.

Pastry of all kinds is bad in every sense of the word.

Condiments, excepting salt, are always forbidden in hydropathic establishments. There is, perhaps, a little unnecessary exclusiveness, an extreme and somewhat trifling punctiliousness, in this matter of

condiments. If so, it is at all events an error on the right side.

For breakfast and supper there is nothing better than bread and butter. But the butter should be as small as possible in quantity.

When the bread at any meal is ordered by weight, that weight is irrespective of the butter, the quantity of which should always be too small to be of any significance.

ALCOHOLIC DRINKS AND TEA.

Every species of alcoholic drink must be carefully avoided. The patient's only drink should be water, with the exception of a little warm black tea for breakfast and supper, especially in winter. Cold water at these two meals, with delicate persons, and those whose circulation is languid, and whose vital heat is but slowly developed, will frequently so much lower the temperature of the stomach as to leave a painful sensation of weight in the region of that organ for many hours afterwards. It is absolutely necessary that such persons should take some warm fluid at breakfast and supper, in the winter season. But the tea should be black tea, and taken quite weak, and not hot, but warm. Cocoa is a nasty greasy mess, which swims, like oil, on the surface of the contents of the stomach.

Milk is *not* a wholesome diet for adult invalids.

At Græfenberg, smoking and snuff-taking are freely and constantly practised, but it is far better

that these habits should be at once discontinued, for they are undoubtedly injurious to all persons in a greater or less degree, and with some constitutions they are so to a very important extent.

DRINKING WATER.

I am decidedly opposed to the indiscriminate drinking of large quantities of cold water. One cannot understand in what manner these large imbibitions are to operate so as to be useful in the animal economy. We know precisely what becomes of the water soon after entering the stomach; we can trace exactly what course all this water must take—what channels it must traverse—between its entrance and its exit. We are perfectly well acquainted with certain physiological effects produced by it after it has been received into the system.

It dilutes the blood; it lowers the temperature, and therefore diminishes the vital power of the stomach; it puts certain systems of capillary blood-vessels on the stretch, to the great danger of bursting; and it over-taxes the kidneys. I have seen two cases of bloody urine which were fairly attributable to the excessive drinking of water.

The unfortunate gentleman at Nottingham, who died from excess of treatment, administered by himself, was found to have the fine, thin, transparent, mucous membrane of the stomach *semi-dissolved into a gelatinous pulp* (which was easily scraped off) by the quantities of water he had drunk. He had

been covered with boils, and had a most ravenous appetite.

I believe he had drunk seven or eight pints daily.

These are the accidents and experiments by which we ought to profit.

It must be remembered that, in drinking cold water, the full shock of the cold is sustained by the *stomach alone*. It is from that organ alone that nearly all the heat is abstracted by the cold water. While the water remains in the stomach it is continually abstracting vital heat from it. The water warms itself by heat abstracted from the stomach. When it leaves that organ and enters the system, it has become *warm* water ; and the heat which it has absorbed from the stomach into itself, it carries away into the blood vessels, leaving the stomach chilled, and with a lower temperature than any other part of the body. This lowering of its temperature, repeated frequently, has a decidedly weakening effect upon the stomach. The capillary blood-vessels, deprived of their vital heat, become relaxed ; they open and admit a larger current of blood ; congestion thus takes place ; irritation is set up, like that in a blood-shotten eye : and a morbid craving for food even between meals is produced.

If the water imbibed indeed lowered the temperature of the whole body equally, the case would be different, and the practice less hurtful.

Thus, then, it seems there are certain well under-

stood and very obvious injuries which the large imbibition of water cannot fail to inflict, while the supposed benefits to accrue from it are altogether mystical, problematical, unintelligible. This, however, only applies to excessive drinking—drinking for mere drinking sake—as one formerly swallowed physic. If persons are thirsty—if their mouths and stomachs are heated and feverish—let them drink as much water as is sufficient to allay these uneasy feelings. If the tongue be foul in the morning, and the mouth parched, half a tumbler of pure spring water will be found very refreshing and provocative of an appetite for breakfast. The quantity of water which each person should drink during the day must always depend on her own feelings. She may always drink when the doing so is agreeable to her sensations; when it is repulsive, *never*.

A large quantity of fluid should not be taken during dinner. It should not exceed half a tumbler-full; and the less the better, provided a proper quantity of food can be got down without it. A natural thirst will occur some three or four hours after dinner, and then a hearty draught of cold water will be delicious and useful.

All the intelligible good effects of water drinking will be as certainly obtained from drinking some six or seven tumblers a day (including meals), as by drinking more; while all the evils of *excessive* drinking will be avoided.

Whenever the appetite is deficient, I recommend

the patient to drink a tumbler or two of fresh cold water before breakfast, and two before dinner, and to take cold water for breakfast and supper instead of tea, if it do not disagree with the stomach.

But when nothing is said about water drinking, no more is to be taken than is necessary to allay thirst, and weak black tea is then to be taken at breakfast and supper.

MODE OF TAKING THE SWEATING BLANKET, OR BLANKET PACKING.

Everything having been removed from the mattress, a pillow is placed upon it for the patient's head. Upon this mattress, and extending over the pillow, two blankets are spread. The patient lies down on her back, perfectly unclothed, upon these blankets, with her head comfortably placed on the pillow. An attendant now approaches, say on the patient's left, and first puckering the blanket from the back of the head down to the back of the neck, reaches across her chest, seizes the right upper corners of the blankets, brings them tightly across, under the chin, to her own side (the left), and tucks them well and evenly under the left shoulder where it joins the root of the neck, and under the point of the same shoulder. She now reaches across the body again and brings over all the rest of the right sides of the blankets to the left side of the patient, and then proceeds to tuck them well and evenly under her left side, beginning where she left off, at

the point of the left shoulder, and proceeding quite down to the heels. The patient is now entirely enveloped in one half of the blankets, and the attendant finishes the operation by passing over to the right side of the patient, and then proceeding to tuck the left sides of the blanket under the right side, precisely in the same manner as we have just seen her tuck the right sides of the blanket under the left side of the patient.

The attendant, standing on the right side of the patient's legs, finally insinuates her left hand under the backs of the ankles, lifts them up, and then with her right hand, turns back the loose ends of the blankets under the heels. The operation of packing is now complete; and, if it have been neatly executed, there will not be a wrinkle to be seen in any part of the blankets; and the whole will present the appearance of an Egyptian mummy. Four or five other blankets, doubled, are now laid over all, extending from the chin to below the feet, and these superincumbent coverings are pressed down closely against the sides, and a napkin is placed under the chin to prevent the tickling effects of their woolly fibres. Over these a small feather bed, or eider down quilt, may be placed if found necessary. I use myself small eider down beds for this purpose.

Before the process of packing is begun, the patient's arms may be extended along her sides, or crossed over her stomach.

If the patient be very nervous, one arm may be

left out of the two first enveloping blankets, and suffered to rest on their outward surface, covered only by the superincumbent blankets. In this case, great care must be taken that the shoulder, thus left uncovered by the enveloping blankets, be well and thoroughly covered by the superincumbent ones. The great point is to seal hermetically the upper end of the trunk, over the shoulders and round the throat and neck, so that the hot air within cannot escape, nor the cold air without find any entrance.

If the head get hot and uncomfortable, a wet towel may be applied to it; and to expedite perspiration, where there is any difficulty in procuring it, a pint of weak black tea may be imbibed through a glass syphon; or some two or three tumblers of cold water will sometimes produce the same effect.

A little exertion made with the arms and legs will always expedite the process considerably.

The window should be set open as soon as the patient is packed.

When necessary, a proper glass urinal may be enclosed with the patient.

The average time which elapses before perspiration breaks out on the forehead, is from two to three hours.

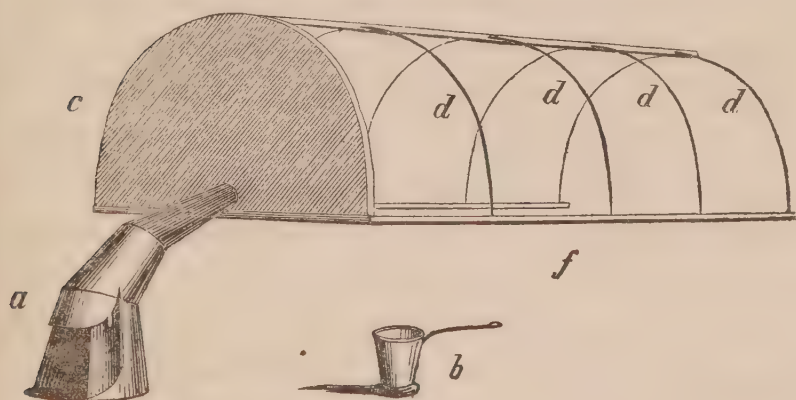
The patient perspires as long as she is ordered, reckoning from the time that perspiration appears upon the forehead or face.

The blanket packing is followed instantly, in every case, by some kind of bath.

CAUTIONS.

The blanket packing requires more care and discrimination in its use than almost any other process. Its natural and general effects are to weaken, to fill the head, and to hinder the due decarbonization of the blood. The *reason* of this is shown by diagram in my 'THEORY AND PRINCIPLES OF HYDROPATHY.' It should never be used, therefore, unless some important and specific object is sought to be obtained by it.

THE SWEATING CRADLE OR PERSPIRATOR.



A is a tin or copper, bent, funnel-shaped chimney, with a door, which is seen standing open. The small end of this chimney is open. The large end below has a tin bottom, with a hole in it to receive the little upright tin saucepan *b*. *c* is the wooden bottom or end of the cradle, with a hole in it to receive the small end of the chimney, into which it

fits accurately, but easily. *d d d d* are hoops of wire or wicker. *f* is a long narrow piece of wood, into which the ends of the hoops are inserted. *e* is a similar piece of wood running along the top, and perforated by the hoops.

When the cradle is to be used, the clothes are to be taken off the bed, and the patient is to lie down on her back, with her head on the pillow. The cradle is then to be placed over her as high as her throat; its wooden bottom being at the foot of the bed even with the bedstead. It is now to be covered with the whole of the bed-clothes, and an additional blanket or two. The clothes are to be neatly tucked in everywhere, so as not to let out the heat at any point. But they must not hang down over the wooden bottom, and the foot valance of the bed had better be tucked up out of the way. The tin chimney must be kept quite clear of all clothes. Everything having been thus neatly prepared, the tin saucepan *b* is to be filled three-quarters full with spirit of wine, and the spirit is then to be set on fire. Then, taking hold of the long straight handle of the saucepan, it is to be carefully let down through the hole in the bottom of the chimney, and the door closed. In introducing and withdrawing the saucepan, great care must be taken not to spill the burning spirit. Plenty of room at the doorway should be allowed to put it in and out. The door must be so contrived that it will shut, leaving the handle of the saucepan outside. Some contrivance also must be

used so that the small end of the chimney not only will not, but *cannot* slip out, and so upset the burning spirit. Any carpenter and coppersmith, or tinman, can make this cradle from the above drawing.

THE WET SHEET PACKING.

Proceed in all respects, from beginning to end, as in the blanket packing, with this sole exception: that, before the patient lies down, a sheet, which has been dipped in cold water and then wrung out as *dry as possible by two people's strength, or thrown, twisted, over a pole, and so wrung out*, is laid upon the two enveloping blankets, and the patient then lies down upon this sheet, in which she is enveloped in the same manner, and by the same successive manipulations, as have been described with regard to the blankets—and it should be performed as rapidly as possible. The sheet cannot be wrung too dry. As soon as she is enveloped in the sheet, the blanket packing then proceeds just the same as though she were going to take the sweating blanket.

The patient remains in the wet sheet packing for twenty minutes or an hour, or for any intermediate time according to the effects desired to be produced, and which are entirely different. The sheet should be long enough to extend from the crown of the head to the ankles. It is never necessary to include the feet unless the disease be in the feet. It should be wide enough to overlap in front of the body,

about eight or twelve inches, according to the size of the patient.

The dry sheet which is thrown over the patient after every bathing operation (except the sitz) should be a little larger than the packing sheet, so as that there may be plenty of it hanging loose to use as towels.

CAUTIONS.

The wet sheet, if the patient remain in it long enough, will, like the blanket, excite perspiration ; for, at the end of about an hour, the sheet will become dry, and then this process loses its own proper character, and assumes that of the sweating blanket. The same cautions, therefore, apply to the wet sheet packing, if long continued at one time, which I have mentioned in reference to the blanket packing. But the wet sheet is at all times a lowering process, as well as a soothing and anodyne one, and great care and discrimination are requisite in its use. I believe, however, that it may be laid down as a good guide, that the wet sheet packing is always safe, and generally beneficial, whenever the skin is hotter, and the pulse quicker than natural—that is, when these two conditions exist together.

The wet sheet is always followed immediately by some kind of cold or tepid bath.

It will frequently happen that the patient will not get warm at all in her wet sheet for the first two or three times ; but if she persevere, she will generally

afterwards get quite comfortably warm in ten or fifteen minutes.

The wet sheet has certainly the power of depurating the blood. Of this, we have the unquestionable evidence of ocular demonstration.

Nor is there anything in this which is mysterious or unintelligible. It is perfectly intelligible, and perfectly in accordance with the known laws of nature.

THE HALF WET SHEET

Is precisely the same as the whole wet sheet just described, except that it only extends from the armpits to half way down the thighs.

This half wet sheet is extremely useful and convenient.

The arms, of course, are not included in the half-sheet, but lie on its outer surface.

THE SHALLOW BATH.

This is a tin bath about five and half feet long at top, and four and half at bottom; two and half feet wide at top, and one and half at bottom; and one and half feet deep. Into this water is poured until it rises about three or four inches above the bottom. The patient sits down in this water, and immediately begins to rub herself all over in front with as much energy and rapidity as she can exert. She rubs her limbs, her chest, her stomach, bowels, and face; and every now and then throws a double handful of

water over her head, which she also rubs in its turn. In the meantime, an attendant is actively employed in rubbing the back and ribs from behind. The operation may last from two to ten minutes, according to the judgment of the practitioner who prescribes it, the nature of the disease, constitution, &c. It is important that the patient should use all the exertion of which she is capable the whole time while she is in this bath. It excites the circulation and effectually prevents all chilling, congestions, &c. On coming out of this bath, a large dry sheet is immediately thrown over the patient as she stands up, like a cloak. With this she dries herself as quickly as possible, and then dresses for her walk. It is by far the most generally useful of all the bathing operations, and the favourite bath of Priessnitz. It is tonic, stimulant, and alterative when not protracted too long.

When a shallow bath cannot be procured, a wash-down must be substituted, but this substitution is not an efficient one.

THE HALF BATH.

This bath is also tonic, stimulant, and alterative. The shallow bath takes the name of the half bath, when it is made to contain about half a foot, in depth, of water instead of three or four inches. In this the patient rubs herself, and finally dries herself, precisely as in the case of the shallow bath.

THE PAIL DOUCHE.

The patient seats herself in an empty shallow bath and crosses her hands over her chest. As many pails of water as are ordered are then dashed over her suddenly, one after the other, and one before and one behind—not poured, but thrown with some force, by first a backward and then forward motion of the pail; half the number of pails being thus emptied on the back of her folded hands, and half between the shoulders behind. In its effects this bath closely resembles the plunge. It is stimulant, tonic, alterative, and powerfully *electric*.

THE SITZ BATH.

This is an ordinary hip bath, containing as much water as will rise nearly to the navel when the patient sits down in it. From three to four inches of water will generally be found sufficient for this purpose. In this the patient sits from ten minutes to an hour, or even an hour and half, in particular cases. When taken for only ten or fifteen minutes, these baths are tonic, but not stimulant. When taken for twenty or thirty minutes they are derivative, and when taken for thirty-five or sixty minutes and more, they become lowering and sedative. The sitz is non-electric.

Indeed it may as well be here mentioned at once that all cold baths, if too protracted, are lowering,

sedative, and dangerous. And the nature of the danger is the production of internal local congestions.

A derivative application is one which derives blood or heat *from* other parts *to* the part to which the remedy is applied.

THE PLUNGE BATH.

This is so well known as to need no description. Its effects are tonic, stimulant, alterative, and *electric*.

WET FRICTION OR TOWEL FRICTION.

Rubbing the body all over with towels dipped in cold water, and then wrung out as dry as possible. This operation may last about two or three minutes; the patient is then enveloped in a dry sheet and dried. Tonic and alterative. A most valuable bath for delicate persons. It is non-electric.

THE WASH DOWN.

The patient stands up in an empty sitz bath, beside which stands a pail of cold water with two coarse towels soaking in it. The bath attendant, taking her place behind the patient, lifts one of the towels, all loaded with water, and lays it quietly on the patient's head. The patient immediately seizes it, removes it from her head, and rubs herself rapidly with it—her face, her throat, shoulders, arms, chest, stomach, bowels, thighs, and legs. Having gone

rapidly over the whole body once, she drops her towel into the pail again, which the bath-woman presses down to the bottom of the water, then lifts out, and places on her head again. As before, the patient seizes it, and goes all over the same ground once more; and then drops it into the water again, when the bath-woman again lifts it, and again places it on the head to be a third time removed by the patient, and applied as before rapidly, actively, and energetically all over her body in front. The bath-woman is industriously occupied all the time behind in the same manner, from the back of the neck to the back of the legs, wetting her own towel as often as she wets that used by the patient, viz., three times. This is called a wash down of three towels. The patient is then dried in a dry sheet. Tonic, alterative, and stimulant; slightly electric.

When a wash down is ordered, without mentioning the number of towels, one of three towels is always meant.

THE UPSTANDING SHEET.

The patient stands up on the floor. A sheet of convenient size is then dipped in cold water, and as much of the loose water is then wrung out of it as is sufficient to keep it from dripping at the bottom. This is thrown over the patient (head and all) from behind, like a cloak; and it should be long enough to reach down to the ankles, and wide enough to enable the patient to seize those loose parts of the

sheet which will hang in front and use them as towels. With these loose portions of the sheet, the patient rubs herself actively and rapidly from her face to her feet. In the meanwhile, the attendant rubs her well behind—the back of the neck, points of the shoulders, ribs, spine, back of the lower limbs, &c. But the attendant does not rub the skin with the sheet, but she rubs the sheet itself as it clings to the body with her hand—her hand passing rapidly over the sheet without moving it, as one may rub one's leg over a tight stocking.

This operation may last two or three minutes, when a dry sheet is thrown over her, in which she is again rubbed till dry. Tonic, alterative, and stimulant.

FOOT BATH.

The feet are placed in cold water for five or ten minutes up to the ankle bones, the patient rubbing one foot against the other all the time. They are then thoroughly rubbed dry with coarse towels. Derivative—used also to warm habitually cold feet before going to bed. For this latter purpose, woollen stockings should be drawn over them on getting into bed.

SHALLOW FOOT BATH.

In this bath the water is so shallow that it does not rise more than an inch up the sides of the feet and barely covers the toes. When the feet have

been in the water for two or three minutes they are lifted out one at a time, and the servant rubs the soles thoroughly well with her hand. Then they are placed in again, for two or three minutes more—then rubbed again till they are quite warm; then once again they are put into the water for a few minutes, and finally well rubbed and dried with a rough towel.

This is an excellent method of warming cold feet before going to bed.

THE WET BANDAGE OR COMPRESS.

The wet bandage or compress is made of sheeting or table linen, and should be doubled. It should extend upward and downward from the pit of the stomach to the hips, or even lower. It should not meet over the spine by about four inches. This should be covered by a dry bandage of the same materials, and long enough to go round the body three times. It should be secured by tapes. This bandage may be either worn during the day only, the night only, or all day and night too. It is always taken off before every operation, without any exception; wrung out of fresh water again; and reapplied after the operation is over.

VAPOUR BATH.

This bath is, I believe, one of the oldest on record. It is so universally known by all classes of society that I need not dwell upon it. It is of use in

certain skin diseases, and some other affections. But there are some strong objections against it, which makes its use unsafe in the hands of persons who are not acquainted with its physiological effects upon the animal system. Nature has instituted a fixed relation between the frequency of the respiration and the frequency of the pulse, which I have, as before mentioned, explained by diagram in my 'THEORY AND PRINCIPLES OF HYDROPATHY.' This relation cannot be destroyed without producing immediate ill consequences. The vapour bath quickens the pulse in a most remarkable manner, whilst it does *not* quicken the respiration at all. The relation between these functions is therefore destroyed, and the pure blood of the arteries becomes defiled by undecarbonized blood—undecarbonized, because the respiration, which is not quickened, does not bring oxygen enough into the lungs to decarbonize the increased quantity of blood which the vapour bath hurries through them. It is also apt to produce the sensation of a rush of blood to the head, giddiness, fainting, nausea, &c. An exceedingly convenient vapour bath is easily constructed. Procure a tin kettle holding two gallons, and a flexible tube, or one of metal, with steam-tight folding joints. Let one end of the tube be accurately fitted to the spout of the kettle, so that it can be fixed or removed at pleasure. Procure also a light frame-work of deal wood, forming three sides of a three feet square. Let the outer sides of this frame-work be covered

with glazed cotton or brown holland, tacked on with tin tacks, close down to the ground. The fourth side of the square must be separate, so as to form a sort of door, and must also be covered on the outside with glazed cotton. This fourth side must be made so as to fit accurately in, and so complete the entire square, when the bath is in use; and it may be held fixed by iron hooks and eyes so constructed as to draw and close the joinings well together, so as to keep the steam from escaping. When the patient desires to use this bath, she places it within the length of her tube of the fire, on which the kettle of water is boiling furiously. She then places a wooden bottomed chair within the frame-work. On the chair she places a large kitchen towel, several times folded, and on this she seats herself. The fourth side of the square, or door, is now to be fitted in and secured, and a blanket is thrown over the top of the frame-work, having a hole in the middle to allow the patient's head to come through. A towel is then folded round the patient's neck, to prevent the escape of steam through the hole in the blanket by the side of the throat. One end of the tube is now fitted to the spout of the kettle, and the other is introduced under the frame-work through a hole or notch in the wood, in such direction as not to scald the patient's legs. The whole is now complete and in operation. An attendant should be in the room while this bath is taken, and it should always be immediately succeeded by some cold or tepid bath

as the shallow bath or wash-down, or pail douche. The time required to procure perspiration will vary from ten to twenty minutes. The perspiration should seldom be kept up more than ten minutes. If this bath effects the head unpleasantly, or produces sickness or faintness, it should at once be discontinued. The head should have a folded wet towel placed upon it.

WET COMPRESSES.

These are either cooling or heating.

A compress is merely a piece of wet rag two or three times double. This is laid over the part affected, and left uncovered to favour evaporation or is merely secured by a dry bandage over it.

To convert the above into a heating compress—that is, warm fomentation or poultice—we have only to cover it with oiled silk, over which doubled flannel or a flannel bandage is to be applied.

HOT FOMENTATION.

A small blanket is folded in such a manner that its breadth when folded will reach from a little below the very bottom of the spine to the arms' pits. This is laid across the bed and under the patient. A piece of flannel, three times doubled, is now wrung out of boiling water (enclosed in a towel to prevent its scalding the hands), and placed upon the blanket immediately under the patient's loins. Another piece is similarly applied to the body in

front, stretching from quite the bottom of the bowels to a little above the pit of the stomach—two or three inches above it—but not quite so high as the blanket. The two ends of the folded blanket are now brought over the body, first one and then the other. The breadth of the two pieces of wet flannel should be such that when the folded ends of the blanket are brought over the body, the sides of the upper and under flannel will about meet, so that the trunk is entirely surrounded with hot wet flannel.

The patient may lie thus for half an hour or two hours, or all night, according to circumstances.

This is an extremely efficacious and effectual mode of applying a hot fomentation.

In some cases, the hot flannel need only be placed over the bowels, and none under the back.

DISEASES OF WOMEN,

&c. &c.

INTRODUCTION—PUBERTY.

THAT period of life at which childhood ceases and woman-hood begins, is called the age of puberty, or marriageable age. The physical and moral signs which characterise this point of time in female life, and by which its advent is known, are pretty generally understood; and their presence or absence indicates that puberty, or the marriageable age, has or has not arrived.

Fulness of figure in every respect is an expression which will sufficiently indicate *nearly* all the physical signs of the presence of puberty, to which, however, must be added a remarkable

change in the intonations of the voice, together with a certain *womanly* expression of the countenance. The moral signs that puberty, or the marriageable age, has arrived, are a certain reserve and womanliness of manner, indicating a newly acquired consciousness that the relation in which she is henceforth to stand, with regard to the opposite sex, is something different from that which appertains to childhood.

When these signs, moral and physical, have become manifest,—when this womanly state of body and mind shows itself—we say: puberty is established. The child has become a marriageable girl, or woman.

While they are absent, we say: puberty has not yet arrived. The child is a child still. A girl not yet marriageable.

MENSTRUATION.

In the healthy subject, when puberty, or that womanly state of body and mind above-described, has become fully established, another and final change takes place. The monthly or menstrual secretion makes its appearance.

In the state of health and climate of England, the period of life at which menstruation first

occurs, is most commonly some point of time between the ages of fourteen and fifteen years, occasionally much earlier, and sometimes a little later, the opposite extremes being ten and twenty. But, *whatever* the age, it ought *always* to show itself when, from the other signs, it is *clear that* puberty has arrived.

It then recurs regularly, in the majority of cases, every twenty-eight days, except during pregnancy and the period of lactation or suckling, until that period of life at which it finally ceases; and each visitation lasts from five to seven days.

During this time, the whole quantity usually lost varies from three to four or five ounces; and its colour is not bright and florid, but dark red.

Any notable deviation in any one of these respects indicates disease, and demands attention.

The secretion in question is one of the highest importance. Whatever be the office which it fulfils in the female economy, the health never fails to suffer more or less, and very frequently to a fatal extent, whenever any thing has occurred to obstruct either its first appearance or future recurrence, either as to time, as to quality, as to quantity, or as to its duration. It seems to

be the very central pivot on which the health of the woman chiefly turns. Of all the secretions, this one is the most important to the maintenance of her health; and of all the epochs of her life, the period at which it should first appear, and that at which it should finally cease, are the most momentous.

But it happens, not infrequently, that the menstrual secretion is absent when it ought to be present: that is, that it does *not* appear, although the age at which it *ought* to begin to show itself, that is, the age of puberty, has arrived.

It must be remembered that puberty is one thing, and the *age* of puberty another. In a state of disease, therefore, puberty itself may be absent, although the *age* of puberty—that is, the age at which puberty *usually* occurs—may be present. The word *puberty* signifies a certain womanly condition of the body and mind, as manifested by certain physical and moral signs—the term *age of puberty* denotes the period of life at which this womanly condition becomes established. This state of things is called RETENTION of the menstrual secretion; because it is *retained* in the system instead of being expelled.

RETENTION FROM DELAYED PUBERTY.

It sometimes happens that the menstrual secretion is *retained* beyond the proper period, from a general weakness of the whole system, and a consequent general backwardness of development or growth.

This state may be called the retention of debility, or retention of delayed puberty.

If the necessary measures be not now taken to infuse more vigour into the system, to sharpen the appetite, to strengthen digestion, to increase the volume, and to improve the quality of the blood, so as to promote a more rapid development, a long train of the most distressing symptoms will soon begin to harass the patient, and to sap the foundations of life. Hitherto she may have been very delicate; but she will now very soon become the victim of positive disease. She will become dull, sad, inactive, languid, and listless; or sullen and perverse, and fond of being alone. Her appetite will either leave her or become morbid, and she will acquire a taste for unwholesome food, or for all sorts of trash, such as chalk, slate pencil, vinegar, and sometimes even dirt. I knew a girl who used to pick the mortar from between the bricks of the garden

wall and eat it. She will become pale and sallow, or of a deadly white, not only as it regards the face, but even the lips and tongue may become white. The bowels will become constipated, the breath offensive; very slight exertion will fatigue her, and hurry her breathing; there will be headaches, pain in the left side, flatulence, quick pulse, and palpitation of the heart. Sometimes the ankles will swell towards night, and the skin immediately below the lower eyelids become particularly dark.

CAUSES.

The causes which give rise to that general debility and poverty of blood—to that backward and undeveloped state of the system—which result in retention of the menstrual secretion, are, most commonly, the unwholesome circumstances with which children of the present day are generally surrounded. These are too early and too much confinement in the school-room—too much mental taxation—too little air—too much thought—too little exercise, too much work—too little play—and too much of that general restraint by which the natural, noisy, romping joyousness of childhood is nipped, blighted, or shut in; and all impulsive outbursts of feeling

repressed and pent up—thrown back to lie like dead weights upon the springs of life. To these must be added the confined and vitiated atmosphere of towns, with all their artificial and unwholesome habits, manners, pursuits, late hours, and amusements.

A scrofulous delicacy of constitution is a frequent cause; and sometimes profuse leucorrhœa (commonly called whites) will become a cause of retention by its weakening influence on the general health.

A too *rapid growth* will also, not infrequently, so exhaust the energies of the system as to weaken its development, and retard the advent of puberty.

Various diseases, as fevers, &c., succeeded by a slow, protracted convalescence, will sometimes produce the same enfeebling effects.

In a word, whatever debilitates the system may protract the development of puberty, and delay the appearance of menstruation at the usual period.

The retention I mean is, that which occurs when the *age* of puberty has arrived, but when puberty itself has *not* arrived. The signs, moral and physical, which denote its presence, are wanting.

Both the retention and the absence of puberty are alike the consequences of a general weakness of system.

Sometimes, though very rarely, retention occurs in consequence of some original, congenital malformation or defect of parts.

But it must be carefully remembered, that we are *now* speaking of that form of retention which results from delayed puberty—the delay having been occasioned from general weakness of system. The time has arrived, at which the *signs* of puberty should show themselves; but these signs are still absent; and, therefore, the secretion does not appear. The clock has been put back, and does not strike the hour at the proper time. The secretion does not appear, *because* puberty has not arrived; and puberty has not arrived, *because* there is not energy enough in the system to develope it. But, too often, this state of things is, most absurdly, sought to be remedied by vain attempts to force forward the absent secretion; and now begins a long course of most injurious drug medication, and different kinds of forcing drugs are exhibited, one after another, in order to urge and torture the system to pour out a secretion before the machinery has yet grown

into a proper condition to produce it. This irrational practice is often pursued until indigestion, constipation, and a long train of nervous and distressing symptoms, become superadded to the original evil. Even when, by these violent measures, a scanty and unhealthy discharge has been at length with difficulty produced, it is purchased at the expense of a far greater amount of mischief than that which it was sought to remedy. This practice is irrational, dangerous, and culpable—a practice which seldom succeeds in accomplishing its end—one which always does harm—and is then most injurious, when most successful. For, since the absence of the secretion depends upon the absence of puberty, and since the absence of puberty depends upon general weakness, it is clear, that the proper remedy is some remedy which is capable of removing this general weakness—of strengthening the circulation—of infusing new and healthy blood into the heart and arteries—of restoring the suppressed, vitiated, or sluggish secretions of the skin, bowels, liver, &c., and of shedding new vigour upon the nervous systems. This having been done, puberty will become developed, and then the menstrual discharge will

appear as matter of course, and natural sequence.

Mothers are little aware of the vast amount of future disease and suffering which they entail upon their daughters, either by not attending at all to the state of their general health and strength at this momentous epoch of their lives, or by pursuing a course of systematic drugging, which shatters their nerves, poisons their blood, wrecks the health, and most commonly defeats its own object into the bargain.

The age of puberty is the gate at which future health, or future disease, is admitted into the system, according to the prudence or imprudence of the sanitary measures adopted at that period of female life.

There is, perhaps, no kind of disease or diseased condition in which the hydropathic treatment is so eminently serviceable, as in that now under consideration; as well as in all those maladies which owe their origin to a faulty performance, in some respect or other, of the menstrual function.

I have mentioned above certain physical and moral *signs*, by which the advent of puberty may be ascertained. If, at the age of fifteen

years, these signs be still absent—more especially if the growth of the girl either appear to be stunted, or have been unusually rapid—but, above all, if her health be in an unsatisfactory condition—she should be at once submitted to a course of hydropathic treatment, of course, properly adapted to the strength of her system, and to the nature of her constitution.

In every case, and on every account, it will always be found most advantageous to the patient to take the treatment in some respectable establishment; and the probability of a successful issue will always be much greater than when practised at home. But, when this is impossible, the patient may commence the following treatment at home.

TREATMENT.

A wash-down of one towel every morning on rising, and a sitz bath for ten minutes at twelve o'clock, repeated at half-past four o'clock. In a fortnight, this may be changed for a wash-down of two towels on rising; and a shallow bath for one minute, at twelve o'clock, and a sitz bath for ten minutes, at five o'clock. At the end of another fortnight, the morning wash-down may be preceded every *other* morning by the wet

sheet, for twenty minutes, in addition. At the end of the third fortnight, the wet sheet may be omitted, and the same treatment be continued without it for another fortnight. She may then go back to the treatment with which she began, and proceed as before, making the same changes every fortnight. She should go early to bed, rise early, and tax her brain as little as possible.

All treatment must cease as soon as menstruation commences, and not be resumed until it has disappeared.

DIET.

Her diet should be plain and plentiful—bread and butter, or dry toast, with a little weak black tea for breakfast, about eight or half-past eight o'clock. Mutton or beef, with bread, potatoes, plenty of well boiled garden vegetables, and water, for dinner, about one o'clock, with a little plain bread or rice pudding. If the bowels be constipated, she should eat no bread but *brown* bread, and no pudding but *brown bread* pudding, for a receipt for making which see my 'DOMESTIC PRACTICE OF HYDROPATHY.'

The third meal should consist of bread and butter, or dry toast, with weak black tea, about seven o'clock.

EXERCISE.

She should walk about two miles before breakfast, three or four before dinner, and two or three in the afternoon—a little more or a little less according to the strength. The result of this treatment and this discipline will be, if rightly prosecuted, an increase in weight, size, figure, and development, and puberty will become established. Shortly after this, the menstrual secretion will make its appearance.

RETENTION AFTER PUBERTY HAS ARRIVED.

But, not infrequently, it happens, that puberty, as denoted by its characteristic signs, is manifestly and fully present; and *yet* menstruation does *not* occur. In the other form of retention, menstruation, and that womanly condition of body called puberty, are both alike absent. But in that form now under consideration puberty is present—menstruation absent. The girl may, for a time, appear to be in very good health. But the seeds of disturbance are, nevertheless, most assuredly germinating within her, and must inevitably fructify into future disease, if the secretion be not brought forward.

More frequently, however, the patient will be found to suffer from languor, weakness, depression of spirits, faded or capricious appetite, and often from aching pains about the hips and thighs, and sometimes from tenderness or pressure over the lower parts of the belly. Occasionally, swelling of one knee is observed, pains in the legs, a puffy state of the ankles, and hysterical epilepsy.

These are cases for artificial sweating.

TREATMENT.

The sweating blanket or sweating cradle; or, better still, the vapour bath; or, best of all, sweating by any kind of bodily exercise, should be taken twice, or, if the strength will bear it, three times a week, until free and full perspiration is produced. Of all the modes of artificial sweating, the blanket packing, as it is called, or sweating blanket, is the worst. The sweating cradle is a better mode; the vapour bath, better still; but bodily exercise is, by far, the best of all. It frequently happens, however, that exercise, to the extent of free perspiration, cannot be taken on account of weakness, or some other bodily deficiency or morbid condition. Nevertheless, this difficulty may often be got over by

a little management. Where full perspiration cannot be readily obtained by an ordinary walk under ordinary clothing, *more clothing* should be worn for the occasion, The patient may take her exercise under as much clothing as she can carry, and that of the warmest kind. If this do not succeed, the walk may be taken round the garden, and every ten minutes she may go in doors and drink a small cup of *best weak black* tea, hot, and start again instantly. If so much walking fatigue her, she may resort to the skipping rope at intervals. Still under heavy clothing, and when tired of skipping, walk again.

The exercise of skipping, jumping, or running, until the body is much heated, possesses a singular efficacy in first producing menstruation, and of restoring it when suppressed, where there exists no condition of body to make this species of exercise injurious. Where sweating by exercise or natural sweating cannot be achieved, which will happen, probably, in most cases, then the sweating cradle, or vapour bath, or sweating blanket, should be used; and the perspiration should continue to be encouraged for fifteen or twenty minutes from the time of its first appear-

ance on any part of the face; as for instance, the upper lip or forehead. The patient should then take an ablution, or wash-down of two towels—cold, in ordinary weather—and at a temperature of 65° Fah. when the weather is severe. The best time in the day for undergoing this operation, is eleven o'clock; and when any one of the *artificial* means above mentioned is to be adopted, the patient should take a walk of a mile immediately before its use; and another, and a longer one, immediately after she has taken her ablution. This process will constitute sufficient treatment for the day on which it is taken, and may be repeated twice a week, or three times, if it do not seem to produce weakness.

On the other days, an ablution of two towels, at six in the morning in summer, and at seven in winter, should be taken, and a shallow bath at twelve, for one minute—in moderate weather the water being cold—and at 65° Fah. when the weather is severe.

All treatment must cease as soon as menstruation commences, and not be resumed until it has disappeared.

DIET.

The diet in these cases should be plentiful, but quite plain and simple. A little lean meat once a-day, at dinner, may be taken; the rest of the patient's food should consist of bread, bread and butter, with farinaceous puddings, and all kinds of garden vegetables, potatoes, &c.

At breakfast and tea, she may take perfectly ripe fruit, or stewed apples, or apple sauce, with her bread, instead of butter. Brown bread, as a general rule, is better than white; and brown bread pudding the best pudding of all.

Her drink should consist of water, and weak black tea morning and evening.

She should retire to bed at ten o'clock.

She should breakfast at half-past eight, dine at half-past one, and take the third meal at seven.

EXERCISE.

This must, in every case, be apportioned to the strength. A short walk should be taken before breakfast; another of two, three, or four miles, before dinner; and a third, two or three hours after dinner. Every species of mental

excitement should be carefully avoided, and the patient should, if possible, live in a room whose temperature should never exceed 58° Fah.

Nothing is so certain to stop secretion as mental excitement and dry heat.

SUMMARY.

Puberty, then, consists in the development of a certain womanly condition of mind and body, manifested by certain physical and moral signs. The age of puberty is usually *somewhere about* fifteen years; and the age of puberty is also the age of menstruation. But it sometimes happens that when the *age* of puberty has arrived, puberty itself, and menstruation, are both absent. In these cases, menstruation is absent *because* puberty is absent—*because* the uterine system is not yet fully developed, although the time has arrived at which it ought so be so. Menstruation, therefore, can only be brought about by accelerating the growth and development of the body, that so puberty may become established, and menstruation accomplished as a *natural consequence*.

These are called cases of *retention from delayed puberty*; but the object of all treatment

should be, not the retention, but the delayed puberty, which is the *cause* of the retention. This is of great importance, because infinite and irremediable mischief is daily inflicted, in these cases, by the foolish exhibition of forcing drugs, in order to institute a secretion which the patient's system is not yet in a condition to produce.

But it also frequently happens that even when puberty has been accomplished, still menstruation does not occur. These are cases in which the obstructed secretion depends, not on mere delayed development, but upon a morbid condition of the uterine system; and these are the cases in which artificial sweating constitutes an important part of the treatment.

SUPPRESSION.

When menstruation has been once established, but afterwards ceases, at any subsequent period of life short of that at which it should naturally disappear, such instances are called cases of *suppression*.

When the secretion has ceased suddenly and recently, and especially if its cessation be immediately followed by any considerable disturbance

of the general health, such instances are called cases of *acute* suppression.

When it has been of long standing, or has come on more gradually, then it is called *chronic* suppression.

The symptoms which usually supervene on acute suppression, are the following: if the patient be of a full, robust, and florid habit, and more especially if she live in the country, there will probably be a sense of weight and constant pain in the back, uneasiness about the hips and thighs, a quick hard pulse, acute pain in the region of the womb, with tenderness on pressure over the lower part of the bowels, hot dry skin, shortness of breath, loss of appetite, head-ache, and sometimes hysterical fits.

But if the patient be thin, nervous, delicate, and irritable, all these peculiarities of habit will be aggravated to a morbid extent; and she will probably become the subject of severe, but intermitting spasmodic, tic-like *shifting* pains in *various* parts of the body—together with other evidences of general, and local disturbance, as constipation, loss of appetite, cramps in the legs, disposition to hysteria, hysterical epilepsy, pains about the extremity of the lower bowel, occa-

sional fits of drowsiness, and *seeming* insensibility, difficulty, or pain, or both, in making water, pains in the legs and thighs, or hips, or in one thigh or hip only, and sometimes by the side of the lower part of the belly, just above the bend of the thigh. Sometimes one knee will swell, and assume the appearance of white swelling. Occasionally even the mind suffers, and the patient exhibits a kind of hysterical insanity.

Sometimes there is a fixed pain in the fleshy part of the seat, some inches to the left or to the right of the extremity of the bowel.

Inflammation of the lining membrane of the belly, or rapid accumulation of fat, erysipelas, green sickness, congestions of the brain, apoplexy, paralysis, hysteric fits, and asthma, are sometimes brought on by suppression of the menstrual discharge.

In chronic suppression, it is impossible to enumerate the symptoms to which it may give rise. Ill health, in almost every variety of form, is occasionally in its turn, and sooner or later, the result of chronic suppression, although it does now and then happen that the health does not seem, for years, to suffer very materially. But these cases are extremely rare. I have seen

epilepsy produced both by retention and suppression. Weakness, lassitude, depression of spirits, are most frequently present; and frequently many of the symptoms just enumerated above, as waiting upon *acute* suppression, are also present in the *chronic* form of that malady.

When suppression does not depend on organic disease, it is almost always curable.

TREATMENT.

These cases of suppression are also cases for artificial sweating, which sometimes operates like magic upon them. Indeed, one of the most striking characteristics of the hydropathic treatment, is its remarkable efficacy in reproducing all suppressed secretions of whatever kind. The patient should take a wet friction of two towels every morning on first rising; that is, at six o'clock in the summer, and at seven in the winter. At eleven o'clock, she should take a vapour bath, until perspiration appears on the lip or forehead, and the perspiration should be kept up for fifteen or twenty minutes. She should then take a wash-down or ablution of two towels. In the afternoon, two hours and a half after dinner, she should take a sitz bath for ten

minutes. This treatment may be continued for two or three months. Should the vapour bath seem to produce weakness, it may be taken only three times a week.

All treatment must cease as soon as menstruation commences, and not be resumed until it has disappeared.

If there be much heat and dryness of skin, with quick pulse and general feverishness, then the wet sheet packing for thirty or forty minutes, followed by a wash-down of two towels, may be substituted for the vapour bath, on alternate days. Or, in these cases, the wet sheet packing may be taken for twenty or thirty minutes, followed by a wash-down of two towels *every day*, until the feverish symptoms have subsided, and before commencing the use of the vapour bath at all.

DIET.

The diet should consist exclusively of vegetables, farinaceous puddings, brown bread, and brown bread and butter, perfectly ripe fruit, stewed apples, &c. &c. Apple sauce or stewed apples may be taken with brown bread for breakfast and tea, instead of butter. If the patient be of

a full habit of body, she should restrict her diet as to quantity, dining on succulent vegetables only, as greens, carrots, turnips, dried or ripe fruits, parsnips, vegetable marrow, artichokes, &c. &c. without meat or puddings. But if she be of a spare, delicate, irritable habit, and weakly, her diet should be still the same as to quality, but should be plentiful as to quantity; and she should eat more bread, potatoes, and farinaceous puddings.

Her only drink should be water, and weak black tea mornings and evenings.

EXERCISE.

A short walk should be taken *before* every bath, except the early morning one; and another walk of greater length should be taken immediately *after* each bath. After the early morning bath, she may walk a mile; after that, at eleven o'clock, she may walk two or three miles, or more; and after the sitz bath, she may also walk two or three miles. But the quantity of walking must always depend on the patient's strength. *She should always walk, or skip, or run, as much as she can, without any extraordinary degree of subsequent fatigue.*

She should be in bed by ten o'clock, should lie cool, and should live always in a cool room.

In those cases of *acute* suppression in which the fever runs high, where the pain is severe and constant, and all the symptoms seem to indicate inflammatory action, medical advice should be sought.

IRREGULAR, DIFFICULT, OR PAINFUL MENSTRUATION.

This disease generally consists in congestion, or inflammation, of the lining membrane of the womb, and is frequently productive of a terrible amount of suffering to those who labour under it. Sometimes, however, it is supposed to depend upon a merely irritable and neuralgic condition of that organ.

Patients afflicted with this malady, look forward to each menstrual period with dread; and it too often happens that the distressing sensations entailed upon her by one period have scarcely subsided, when they are all renewed by the arrival of the next.

In the worst forms of this disease, life becomes one scene of continued sickness and pain.

In the less severe forms of it, and when it

depends on inflammation of the mucous membrane of the uterus, the first symptoms are usually chilliness, alternating with flushings of heat, and commencing about the second day of each menstrual period. This is succeeded by pain in the head and neck, pain in the loins, or in the lower part of the belly, and frequently small portions of a membranous substance, like shreds of skin, are observed to be mixed up with the discharge. Sometimes the urinary organs become implicated, and there is pain and difficulty in passing the water.

In the more aggravated forms of the disorder, there is frequently nausea, or vomiting, excruciating pains in the head and back, palpitation, difficulty of breathing and of swallowing, spasms of the stomach, cramps of the limbs, hysteric convulsions, hysteric fainting, or hysteric epilepsy; sometimes there is loss of power in one or more limbs, with painful and sometimes *cramp-like* soreness of the muscles, on attempting to move them, followed by an overpowering sense of weariness; and, in bad cases, more or fewer of these symptoms will continue to harass the patient even after the menstrual period is over, so that she is scarcely ever free from suffering.

In some cases the discharge will be pale and scanty; sometimes mixed with a membranous substance like shreds of skin; sometimes it will appear in the form of small clots; at other times it will be too profuse. Frequently it will intermit—disappearing altogether for a time, and then returning. Sometimes it will last only for two or three days, and then cease; at others it will continue for ten days, or a fortnight. Occasionally the patient is scarcely ever free from it for more than ten days or a fortnight together.

‘Dysmenorrhœa’ (painful menstruation), says Dr. Ashwell, ‘is an important disease. It is very common, and produces extreme suffering; it often prevents conception; and if pregnancy have occurred during its continuance, the patient is exposed to the risk of abortion. Although in itself not a fatal malady, yet it admits of proof, that malignant disease has followed its protracted existence; and it is exceedingly difficult to cure,’ (that is, by drugs.) ‘It is not confined to one class of females; the married and the single, particularly the latter, are obnoxious to it. It prevails among women of irritable temperament, and of delicate, strumous, and phthisical constitutions. The habits of the rich, therefore,

by fostering these tendencies, have a direct influence in promoting it. . . . The earliest symptoms of *irritable or neuralgic dysmenorrhœa*, (painful menstruation) 'where there is neither inflammation nor congestion, are referrible to general disorder of the health, such as impaired appetite, great languor, gradual loss of flesh, and uncertain action of the bowels. The catamenia,' (menstrual secretion) 'become irregular; sometimes appearing in excess, with a prolonged interval; while at others *suppression* is an early morbid indication. The discharge is emitted with almost indescribable pain, being shreddy, clotted, and scanty in quantity. *These symptoms vary much* in different cases. In some individuals they are but temporary, continuing only for the first day or two of the period; when, after the expulsion of a small clot, not always firmly coagulated, the discharge assumes its natural consistence, and is unaccompanied by more than the usual local uneasiness. In others, the whole time is one of intense suffering, commencing with sharp, darting, lancinating pains in the uterus and vagina, and extending apparently to the uterine appendages. There is acute sympathetic pain in one or both breasts; the lumbar pain' (pain

in the loins) 'running down the sacrum' (bottom of the back bone) 'to the thigh and groins, becomes excessive; and during the emission of the discharge, the expulsive pains, resembling the throes of labour, add much to the suffering. . . . During the whole period little febrile excitement exists, and the amount of constitutional injury, from one or even several of these attacks, is inconsiderable. By and bye, however, if proper treatment be neglected, or if the disease be so inveterate as not to yield to it, the general health becomes much impaired, and the reciprocal morbid action of the one upon the other greatly aggravates the case. . . . The bowels become uncertain in their action, being sometimes constipated, and then unduly relaxed, even from a mild purgative; the hepatic secretions are variable in quantity; and occasionally there is pain and excoriation about the anus, from their acrimonious nature. The appetite is capricious and small, food is almost loathed, the blood becomes impaired, and imperfect nutrition is evident from paleness of the general surface, emaciation, and loss of physical power. In this stage of the disease leucorrhœa' (the whites) 'becomes profuse, if it have not habitually existed; and some-

times amenorrhœa.' (suppression) 'supervenes, thus entirely suspending the uterine suffering. In connection with the continuance of this menstrual suppression, the mammæ' (the breasts) 'become flaccid, and almost disappear; and the torpidity of the uterus excludes that viscus from a healthy discharge of its functions. 'In plethoric dysmenorrhœa' (that is, painful menstruation from too great fulness of the system) 'there is not much deviation from the symptoms now described; but the menstrual period is often preceded by head-ache, flushing of the face, full and quick pulse, a sense of weight in the pelvis, rigors, and sometimes by delirium. The precursory symptoms are followed by the catamenia' (menstrual discharge) 'which are sometimes profuse, with more or less of coagula,' (clots.) More frequently, however, the discharge is scanty, and consists of clots, with portions of membrane, and the difficulty of emission is extreme. The pains resemble those of labour; the patient bears down with considerable effort; and, after many abortive attempts, a paroxysm of uterine suffering is relieved by the expulsion of a small concrete clot, or a detached portion of membrane. It must

not be supposed that only plethoric women expel those false membranes; women of an opposite temperament may do so, and for a lengthened period; an ill advised use of emmenagogues' (forcing drugs) 'aiding such a result.'

'Congestive dysmenorrhœa,' (that is, painful menstruation from congestion of the womb.) 'When the affection of the mucous membrane is attended with a partial inability to secrete the full quantity of the menstrual discharge, the large and repeated doses of aloes and steel, so often given with the intention of producing menstruation, augment the quantity of blood in the uterus, which remaining stationary, every successive period is accompanied with an increase of congestion, *till at length this form of the disease is fully established*' (dysmenorrhœa from drugs.) 'The premonitory systems in this variety are comparatively slight. A sense of weight in the pelvis, with the bearing down pains of prolapsus, lumbar pain, frequent micturition (passing water), and constipated bowels, denote an enlarged uterus'—(enlarged by congestion, the result of drugs.) 'But it is not till the function is about to commence, that very severe symptoms arise. There is then intense uterine pain,

with a sensation as if some foreign body were shut up in the uterine cavity; and, in the attempts at its expulsion, the uterus is aided by the voluntary as well as involuntary efforts. The paroxysms occur as in labour, but in dysmenorrhœa there is no interval of ease. Incessant restlessness comes on; the patient looks anxious and pale, and frequently attempts to micturate' (pass water); 'and as the contraction of the bladder is evacuating the urine, she uses all her power in the vain endeavour to expel a clot or portion of membrane. Sometimes there is spontaneous relief afforded by the passage of a small concrete mass; but this is temporary, and it is only with the cessation of the period, that she can be said to be relieved from her sufferings. One marked peculiarity of this form, is the absence of inflammatory symptoms. The pulse is rather weak, sometimes quick and irritable; the skin is perspirable, and there is exhaustion, not inflammation. During the intervals of dysmenorrhœa, where false membranes are frequently expelled, there is generally abundant leucorrhœal discharge, the health becomes increasingly disordered, the mammæ' (breasts) 'shrivel, and the legs are œdematous' (dropsical.)

Such is Dr. Ashwell's account of some of the forms of painful menstruation, exhibiting also one of the modes in which the mistaken use of drugs inflicts so much mischief on the human system. One of the worst forms of painful menstruation, is that which results from congestive enlargement of the womb; and we have just seen, in Dr. Ashwell's account, how this mischievous effect is produced by the foolish exhibition of steel and iron, with the view of forcing forward the menstrual secretion. The idea of bringing on *any* secretion by artificial *force*, is the stupidest that can be imagined. There is but *one* force which can produce a living secretion; and that is the *living* force, which no art can imitate or supply, and of the intrinsic nature of which we know no more than we know of the character of the man who is to be emperor of China five hundred years hence. The only way to restore any one particular secretion which has been suppressed, is simply to *take off the lock* which has locked it up. This lock is usually *irritation*, which drugs never fail to increase. The impediment removed, the living force, which is ever present in the organ, will then fulfil its office—nay, *must* fulfil it.

The chief causes of this afflicting malady, are our luxurious, enervating, and unnatural habits of life—the habits, as Dr. Ashwell remarks, the ‘habits of the rich.’ Indeed, all diseases whatever, with only a very minute exception, is the product of the same cause; our luxurious, enervating, irrational, and unnatural habits—habits resulting from our having confounded the means with the end—human pride having mistaken human wealth for human happiness, and substituted animal gratification and intellectual vain glory, for bodily health and a contented mind.

When irregular or painful menstruation depends on inflammation of the mucous membrane of the womb, the inflammation almost always extends downwards along the neck of that organ, and appears on the external surface of its mouth, in the form of a bright red ring, and can be readily seen through the speculum. As it is of importance to know when the disease does, and when it does not, depend on inflammation, an examination by the speculum should never be omitted.

VICARIOUS MENSTRUATION.

But there is yet another form of difficult or irregular menstruation, so singular in its nature, that it deserves to be mentioned under a separate head. In this form, the system relieves itself of the menstrual blood by an escape of that fluid from some other part of the body, instead of the womb. When this state of things occur, it is called vicarious menstruation. Every time the menstrual period returns, there occurs a bleeding from the nose, from the lungs through the mouth, from the mouth itself, from the ears, from the bowels, from the skin of the breast or nipples, from the navel, from the gums, from the surface of open sores, from the armpits, or from the bladder, while the ordinary secretion from the womb is altogether wanting.

Sometimes a profuse discharge of what is commonly called the whites (*leucorrhœa*), is substituted for the true red menstrual secretion.

Sometimes the system will seek to relieve itself by throwing out eruptions, by abscesses, by dropsical accumulations, &c. &c.

The periodical return of vicarious menstruation does not always, nor indeed often, observe

the same *regularity* as the healthy secretion in the natural manner.

This form of irregular menstruation is not very common.

TREATMENT.

If the disease depend upon inflammation, or upon a neuralgic condition of the nerves of the womb, and, more especially, if there be any dryness or heat of skin, with a quick pulse, the patient may begin her treatment, in the interval between the menstrual periods, by taking the half wet sheet packing for twenty minutes every morning before rising, followed by a wash-down—cold in summer ; in severe weather, at 65° or 70° of Fah.

At twelve o'clock she may take a wet friction, if the season be winter, or a shallow bath if the weather be warm, for one minute—cold, in summer or mild weather ; at a temperature of 65° or 70° of Fah. if the season be inclement, or the patient very weakly.

Three hours after dinner she may take a sitz bath (cold or tepid, as before observed), for ten minutes.

Some delicate persons cannot bear the wet

sheet packing so well in the early morning as at a more advanced period of the day. In such cases, the half wet sheet packing may be taken at twelve o'clock, instead of the early morning, and the twelve o'clock treatment taken on rising. Indeed, I recommend this plan to all persons who are of delicate habits, and who have any terror of the process, especially on first commencing it. The walk (which would then be taken immediately before being packed), by giving an impetus to the circulation of the blood, greatly diminishes the shock of the process, giving also an elevation to the spirits of the patient.

The treatment ordered above may be continued for a week; then the patient may take a shallow bath (cold or tepid, according to the weather), every morning on rising, and a sitz bath for fifteen or twenty minutes at twelve and at five o'clock. This treatment may last for a month, or even two months.

If the painful menstruation depend on a too full habit of body, or on congestion of the womb, then the vapour bath must be used, or the hot fomentation, *as described in my* 'DOMESTIC PRACTICE OF HYDROPATHY.'

The patient may take the hot fomentation,

for half an hour every morning before rising, followed immediately by a wet friction of one towel, and a brisk walk. At twelve o'clock she may take the vapour bath, in which she should perspire for ten minutes, reckoning from the time the perspiration first becomes visible on the upper lip or forehead. This should be immediately followed by a wash-down. Having taken this treatment for a week, or even a fortnight if it do not seem to weaken the patient, it should be then discontinued, and the following substituted for another fortnight: viz., the dripping sheet, on first rising, again at twelve o'clock, and again at five o'clock. The patient may now take the half wet sheet, every morning for twenty minutes, followed by a shallow bath for one minute—the sitz at twelve o'clock, repeated at five o'clock, for ten minutes each—for a fortnight.

All treatment must be suspended during the presence of the menstrual secretion. The patient should sleep alone, and live *absque marito*.

DIET.

The patient should breakfast at eight o'clock, dine at one, and take her third meal at seven. The diet should be exclusively vegetable and fari-

naceous, with ripe fruits in summer. The breakfast should consist of brown bread and butter, or bread and ripe fruits, or stewed fruits, with a little weak black tea; or, in summer, a glass of cold water. The dinner should consist of greens, potatoes, cauliflowers, cabbage, carrots, turnips, parsnips, stewed celery, vegetable marrow, artichokes, and every kind of garden vegetable, brown bread, and brown bread pudding, or the fruit pudding ordered in my 'DOMESTIC PRACTICE OF HYDROPATHY.' The third meal should resemble the first. When the system is plethoric and robust, the diet should be rather scanty in quantity.

EXERCISE.

Immediately after the early morning treatment, a brisk walk should be taken for fifteen or twenty or thirty minutes, according to the patient's strength; another of fifteen or twenty minutes *before* the mid-day treatment, and again for twenty or forty minutes immediately *after* it. The patient must also walk a little both before and after the third treatment. Independently of all these walks, she should be as much out in the open air as possible, and

should be either walking, riding, driving, or bathing, almost all day long, except when she is eating. She should, however, on no account ever *exhaust herself* by taking too long a walk at any one time.

When the weather is very bad, exercise may be taken under cover, with the skipping rope, or battledoor and shuttle cock.

Exercise will always be infinitely most beneficial whenever it can be taken to the extent of perspiration; but the patient must endeavour to train herself up to this point gradually, otherwise she will break down.

If possible, she should inhabit a room whose temperature does not exceed 58° or 60° of Fah. She should lie very lightly covered with bed clothes.

PROFUSE MENSTRUATION.

Whenever the quantity of discharge is greater than is natural—when, though not greater during any one day, it continues for a longer time than is natural—or when the intervals between its recurrence are shorter than is natural—such a state of things is called profuse menstruation.

In those cases in which a slight discharge is

scarcely ever absent, such discharge proceeds, in most instances, from a sore or other discharge at or near the mouth of the womb, and not from within it, as the true discharge does.

TREATMENT.

The patient should constantly, while in doors, inhabit a room whose temperature never exceeds 58° of Fahrenheit's thermometer; and while menstruation is going on, she should confine herself to the couch and the horizontal position.

As soon as the discharge has ceased, the patient should take the dripping sheet three times a day—on rising, at twelve o'clock, and at five o'clock—discontinuing them when the discharge returns, and resorting to them again as soon as it again ceases. When this has been done for about a month, the second and third dripping sheet must be immediately preceded by a sitz bath for ten minutes—that is to say, the dripping sheet is to be applied immediately on rising out of the sitz. Much energy and activity should be used in rubbing the patient thoroughly well *over* the dripping sheet.

In cold weather the water may be raised to 65° Fah. In warm weather it should be cold.

When this treatment has lasted about a month, she may take a shallow bath every morning on rising, and a sitz bath for fifteen minutes twice a day—at twelve and at five.

When the discharge has already lasted a week, and still continues profuse, a wet friction with towels dipped in water at 65° Fah., may be given twice a day, at once—that is, without waiting for the cessation of the discharge. If this do not stop it, a wash-down may be given twice a day, instead of the wet frictions—one at twelve, the other at five o'clock.

The patient should sleep alone, and live *absque marito*.

When there is a constant weeping of blood going on night and day, leading to the apprehension that it proceeds from a sore or other disease at or near the mouth of the womb, an examination must be made through the speculum, and the proper local remedies applied for the healing of such sore, or the cure of such other disease.

DIET.

She should breakfast at eight o'clock, dine at one, and take the third meal at seven o'clock.

In winter time she may take a little weak warm black tea morning and evening ; but in summer she should drink nothing but cold water. Her diet should be exclusively vegetable and farinaceous, consisting of brown bread, brown bread and butter, stewed fruits, brown bread puddings, and other farinaceous puddings, with all kinds of garden vegetables, as potatoes, greens, cabbages, cauliflowers, parsnips, carrots, turnips, broccoli, artichokes, asparagus, &c. &c. And the fruit pudding ordered in my 'DOMESTIC PRACTICE OF HYDROPATHY,' in which is also given a recipe for making brown bread pudding.

She should drink no more fluids of any kind than is absolutely necessary to quench her thirst.

EXERCISE.

This should be steady, quiet, and moderate in quantity. The patient should walk no faster than is sufficient to keep her comfortably warm. She should never greatly hurry her breathing and circulation ; but she should be as much as possible in the open air. But she should always walk out immediately after each bath, and also before each bath, excepting the early morning one. Sitting out of doors in the open air, when

the weather will permit, is useful. In bad weather, she may sit in a room with the window open.

LEUCORRHŒA, OR THE WHITES.

This term, leucorrhœa, or the whites, is used to signify any unnatural discharge whatever from the vagina—provided its colour be *not red*. The designation is a very improper one, seeing that these discharges are by no means *always* white, and that they very often depend on very different causes, and different morbid states of the internal organs. Sometimes indeed the efflux is purely white, like milk; but at others it is yellow, and more like cream; frequently it is genuine matter, staining and stiffening the linen. Sometimes it is thin almost like water; frequently it is brown, sometimes green, and occasionally it is tinged with blood; it is extremely various both as to colour and consistence, as well as quantity. It is sometimes very profuse—sometimes small in quantity—and sometimes quite colourless and transparent. Sometimes it is offensive, but frequently it is quite inodorous. Sometimes it is very acrid, and inflames and excoriates the parts, or gives rise to irritable eruptions. Sometimes

it passes away with an even flow—sometimes in gushes.

Occasionally, though rarely, it entirely supplies the place of the ordinary monthly red secretion—occurring regularly every month, continuing for four or five days, and then ceasing. This may go on for several years, without any very *apparent* ill consequences; but, sooner or later, the health is sure to break down under this state of things, and diseases of the most important nature ensue.

Leucorrhœa is an extremely common malady, and is frequently the unsuspected cause of that lingering protracted ill health, into which the women of England so frequently fall, and out of which, under the old drug system of medication, they so seldom escape. Both the married and unmarried constantly become the subjects of it, but it is *most* common in the married. Pregnant women are extremely liable to it, and in these it is a common cause of miscarriages. Of 2,000 pregnant women examined by Mr. Whitehead, 1,116 had the whites, and in about 1,000 of these the discharge exhibited the undoubted presence of *matter*, indicating important disease of the womb.

The extreme commonness of these discharges in females has caused them, in a great measure, to be overlooked. Here custom has only produced its usual effect. Things to which we are daily accustomed, we soon learn to contemplate with slight regard. Custom makes us familiar—and familiarity begets indifference. Hence it happens, that, when suffering under the pressure of severe illness or other evil, we seldom look for the cause of the evil amongst the circumstances with which we are *familiar*. For important evils we naturally look for important causes; and thus we seldom look amongst familiar things, because our familiarity with them has blinded us to the actual importance, which really belongs to them. In this world, the *commonest* things are the most important of all things.

But leucorrhœa is *always* an important disease, either in *præsenti*, or in *futuro*, and never fails, eventually, to exhaust or irritate the system into a morbid and feeble condition; and thus to open the door for the admission of other diseases which, in their nature, are more immediately fatal to life. Constipation, great thinness of person, amounting sometimes almost

to emaciation, paleness, with a dark halo round the eyes, loss of appetite, weakness, languor, indigestion in all its force, barrenness, dropsy, green sickness, suppression, and lastly, *consumption*, are only some of the evils which are daily accruing from long-continued and neglected leucorrhœa. At other times, neuralgic pains in various parts of the body, pains in the limbs, and congestion within the chest and head, are among its milder consequences. I have seen numerous cases of lingering ill-health, and a degree of feebleness and discomfort, which made life scarcely worth having, which depended solely on neglected leucorrhœa—the proof of this being, that the patients began rapidly to recover their health and strength as soon as the leucorrhœa had been removed. Nor is it only a *profuse* discharge which is capable of injuring the general health. The discharge may be slight, the local irritation little or none, and the constitution may not exhibit any very serious disturbance. Yet the sallowness or paleness of the complexion, the dark halo round the eyes, and the inability to take any considerable amount of exercise without fatigue, are sufficient proof that a debilitating influence is surely

though slowly at work—sufficient evidence to the observant eye, that the sapper and miner is already busy with his tools under the very foundation of the building.

Another very serious and sometimes fatal consequence resulting from neglected leucorrhœa, is the reabsorption of the acrid discharge into the blood, from the ulcerated or fissurated surfaces situated at the mouth of the womb, and over or on which the discharged matters are constantly passing or resting. The most serious constitutional disturbance occasionally results from this poisoning of the blood. ‘There is great reason to believe,’ says Dr. Carpenter, ‘that when pus’ (matter) ‘is introduced into the blood, it may induce such a change in the character of that fluid, as speedily to impair its vital properties; so that the pus-corpuscles will rapidly propagate themselves in the blood, and the plasticity of the liquor sanguinis will be diminished. In this manner, the whole system will be seriously affected, and there will be a tendency to deposits of pus in various organs—especially in those which, like the liver and lungs, serve as emunctories to the system—without any previous inflammatory changes in these

parts. Thus abscesses in various and distant parts of the body may be the consequence of neglected leucorrhœa.

‘That the purulent product’ (matter) ‘of uterine diseases,’ says Mr. Whitehead, ‘is constantly liable to be returned into the circulation, is sufficiently proved by the fact, that, after its formation, it is detained for an indefinite period upon the surrounding mucous surfaces, in which the process of absorption is always in active operation: and the constitutional irritation which is generally set up, under these circumstances, bears forcible evidence of such transference having been effected. The condition of the system, thus created, eminently predisposes it to violent attacks of disease from comparatively trivial causes, against which it has no adequate power to contend; and acute inflammatory affections, and fever, are more frequently attended with disastrous consequences, and arrive at a speedier issue, in constitutions thus tainted, than in others. And, even under circumstances where the causes of inflammation do not prevail, the presence of but a small portion of pus in the blood has a most injurious tendency; as it

undoubtedly possesses the power of disuniting, or of materially altering, the arrangement of the elemental constituents of the latter; destroying its nutritive qualities, and engendering a disposition or diathesis peculiarly favourable to the formation of chronic abscesses, purulent accumulations within the joints and large cavities; and to those caco-plastic deposits in the parenchymatous structure of the vital organs, which constitute the leading and essential condition of phthisis,' (consumption.)

In leucorrhœa, the discharge sometimes emanates from the lining membrane of the womb, and sometimes from the membrane which lines the vagina—the canal leading *towards* the womb. When it is transparent and glairy, something like the white of an egg, stiffening the linen as though it were starched, but *not staining* it, such discharge, it is pretty certain, comes from the womb, and evidences the existence of a congested and excited state of the vessels of its lining membrane—a state somewhat resembling a blood-shot eye. When it is perfectly white, not transparent, and rather thick, the disease is, most probably, confined to

the vagina. This form of the complaint is frequently attended with a very disagreeable itching irritation.

But there is yet another kind of discharge differing from the former two. It has a greenish, yellowish, or brown, or dirty colour, is often offensive, and is sometimes tinged with blood. It leaves a well marked stain on the linen. This kind of discharge always indicates suppurative inflammation, or corroding ulcers, or abrasions, or fissures, or erysipelas, or some other organic structural disease of the womb, or on the mouth or neck of the womb. These diseases of the womb are extremely common, and almost as commonly overlooked or neglected. Of more than two thousand individuals labouring under 'whites,' examined by Mr. Whitehead, nearly the whole of them were found to have disease of the mouth or neck of the womb. Of 111 cases examined by Dr. Ashwell, 58 were found to exhibit more or less of disease about the uterine orifice.

Disease, more or less considerable, may, and sometimes does, exist about the mouth and neck of the womb, or in their lining membrane, without exhibiting any very well marked *local*

symptoms, even although the general health may be greatly suffering; and this fact sufficiently accounts for the frequency with which such disease is overlooked. In every case of leucorrhœa, therefore, when the discharge is of a greenish, or yellow, or brownish colour, or is tinged with blood, or which stains the linen, or is, in any degree, offensive, an examination by the speculum should never be neglected.

But although disease of the mouth of the womb, does sometimes fail to exhibit any very *well marked* local indications, yet most commonly the following symptoms, more or fewer of them, will be found to be present, and may be considered as constituting the general

SIGNS OF DISEASE IN THE WOMB.

Firstly. One or other of those discharges, above mentioned, and which are commonly known by the indiscriminate title of the 'whites.'

Secondly. An aching pain in the bottom of the belly, somewhat relieved by pressure.

Thirdly. Aching pain in the back, especially after walking.

Fourthly. Pain in the side of the belly, low down.

Fifthly. A deep seated pain, not very severe, in the fleshy part of the seat.

Sixthly. A strong desire to strain, or 'bear down,' as it is called.

To these may be added, as frequent concomitants, great languor, and sometimes a feverish state of the system; a frequent desire to pass urine, with some difficulty in doing so; shifting pains in various parts of the body, as the back, the fundament or lower bowel, the head, the face, the belly, the chest, and the legs; loss of appetite; hysteria; cramps; slight sickness of stomach; difficult digestion; irregularity of bowels—sometimes palpitation, and convulsions.

The most *frequent* of these symptoms are, perhaps, the aching pain in the back, the pain in the belly below the navel, the leucorrhœal discharge, lassitude, and weakness, with painful affections of the bladder and lower bowel. The symptoms, however, will vary much in different individuals, and will often be modified by peculiarities of constitution. I have under my care, at this moment, an unmarried lady, suffering under one of the above mentioned morbid con-

ditions of the womb. In her case, the discharge is thick, white, and offensive. The most prominent of the other symptoms have been great pain in the lower extremity of the bowel, pain below the navel, itching of the generative organs, accompanied by great lassitude and weakness, occasional sickness of stomach, poor appetite, occasional pains in the legs, head, face, back, side of the belly, low down, and in the fleshy part of the seat. The pain in the back, and at the extremity of the lower bowels, are greatly increased by walking, but she rides on horseback a considerable distance, at a moderate pace, without much inconvenience, and with evident benefit to her health.

Last year I had a case, in which the most prominent symptoms were, pain in the back and emaciation. On examining the womb by the speculum, I found its mouth inflamed, while a transparent, glairy fluid, very much resembling the white of egg, was escaping in great quantities.

In the earlier part of the same year I had also a case, in which the discharge was thin and watery, while little else was complained of, except a pain in the fleshy part of the seat, with

considerable nervousness, and some pain in the head. In the two latter cases, the disorder had been greatly aggravated by the absurd, unnecessary, and mischievous use of certain steel instruments.

I consider the disease, now under consideration, to be of so much importance—being one, too, which is often obscure, and so frequently overlooked, and which sometimes gives rise to so many anomalous symptoms calculated to divert attention from the true nature of the malady, and to fix suspicion upon almost any organ but the right one—that I must be allowed succinctly to recapitulate the most prominent symptoms. These are, then, an aching pain in the back or hips, sometimes extending to the thighs; an involuntary disposition to strain or bear down; an aching deep-seated pain in the lower part of the belly, sometimes on one side, but sometimes confined to the front, being somewhat relieved by compression; often a troublesome itching of the parts; sometimes an intense pricking, throbbing, or smarting pain in the immediate extremity of the lower bowel; and a discharge from the generative organs—this discharge being sometimes white and milky—sometimes

transparent and glairy, like the white of egg, stiffening, but not staining, the linen—and sometimes yellow, greenish, brownish, dark brown, frequently offensive, and leaving a *stain* on the linen. These are some of the principal *local* and more constant symptoms indicating disease at the mouth of the womb. But it will not always happen that this *entire* group of symptoms will be present in each case. Sometimes the only well-marked indications will be confined to the leucorrhœal discharge, and an almost constant pain in the back or in the belly. The more general, more variable, and less constant indications, and which, indeed, are often absent altogether, are some disturbance in the urinary organs; and this is, now and then, one of the earliest symptoms attracting the patient's attention—creeping sensations, with occasional feverishness; exciting a suspicion that matter has been formed, and that some of it has been re-absorbed into the system—shifting, nervous pains, somewhat resembling tic, and wandering frequently from one part of the body to another—pains in the spine and back of the head—head-ache—cramps—pains in the legs—exceeding languor and weakness, causing

almost total inability to take exercise—flatulence—distension—sickness of stomach—jaded appetite—and other tokens of disturbance, in the digestive and nervous systems, as constipation, &c.

From all that has foregone on the subject of leucorrhœa, or the whites, the reader will perceive, that this discharge is rather to be regarded as a symptom of some other disease, than as a disease itself. In the great majority of cases, it is symptomatic of disease at the mouth of the womb, or of its investing membrane, or of the membrane lining the womb itself. Occasionally, slight *mucous* leucorrhœa may depend, no doubt, upon a relaxed state of the organs, and thus be only symptomatic of debility. But whenever the discharge is thick, yellow, greenish, brownish, offensive, transparent and glairy, like the white of egg, stiffening or staining the linen, the chances are a hundred to one that there is disease of the womb.

CAUSES.

Among the most frequent causes of leucorrhœa are to be enumerated every species of

excessive *excitement*, of whatever kind—the too frequent use of aperient medicine, and other forcing and irritating drugs, as aloes, iodine, mercury, arsenic, steel, &c. &c.—the unnecessary use of pessaries and certain steel instruments—every kind of unwholesome habit, as dancing for hours in hot and crowded rooms—and everything which has a tendency to determine an increased flow of blood towards the womb. But the most frequent *immediate* cause of leucorrhœa is, as the reader has already seen, some inflammatory action or other morbid condition of some portion of the womb or its membranes.

TREATMENT OF LEUCORRHŒA.

There are two kinds of treatment necessary to the cure of this affection, and these two modes of treatment must both be practised at the *same time*—I mean a *local* and a *general* treatment. Neither will succeed alone—*both* are absolutely necessary to the cure. And this is the reason why leucorrhœa is so rarely treated with success—and why so many thousands of women are constantly carrying about with them a disease which is not only sufficiently annoying in itself, but which is daily weakening the foundation of

life, and preparing the soil for the growth of other diseases.

The proper *local* remedies are in universal use; and the want of success which so constantly attends their application, is only owing to the insufficiency of the *general* treatment usually adopted in such cases.

The local treatment consists in the application of proper remedies immediately to the mouth of the womb, by means of the speculum. But these remedies will be of no avail unless the system be braced up by a *general* treatment, capable of refilling it with healthy blood, and of infusing into it new vigour—of tightening all its loosened screws, and communicating new elasticity to its fundamental springs.

There is no fact, either in medicine or surgery, better established, or more generally admitted on all hands, than this: viz., that a chronic inflammation, especially of a mucous membrane, or an old ulcer, *will not heal*, so long as the general health remains in a weakly condition. *To give power to the system* is an indispensable preliminary to the healing of all such ailments. Unless this condition be complied with, all the local applications in the world will be next to useless

while their beneficial action will sometimes be like magic, as soon as this condition has been effectually fulfilled. This is the secret of the success with which such cases are treated on hydropathic principles; and of the want of success with which the old method of treating leucorrhœa is so universally and justly reproached.

The local remedies which I have found most successful, are solutions of nitrate of silver, of various strength, according to circumstances, solutions of the sulphate of zinc, copper, and of the acetate of lead—not used as injections, according to the ordinary practice, in which way they are almost useless, but brought freely into contact with the mouth of the womb and walls of the vagina, by means of the speculum and other appliances. On account of the very peculiar anatomical structure of the vagina, it is *impossible* that an injection, used in the ordinary way, can come into contact with more than a very minute portion of it, and only that portion which, in nine cases out of ten, is *not* the seat of the disease. I repeat, that the ordinary means of using injections for leucorrhœa is, and can only be, from the very structure of the parts, little

more than a useless and more routine formality, misleading the patient into a belief that every effort is being made for her recovery, while, in fact, nothing whatever is being achieved.

But, however effective these local applications, when properly applied by the speculum, may be, in removing local inflammation or ulceration, these disorders will be certain to return soon after the discontinuance of their use, unless the general system be exalted into a state of healthy vigour, so as to close the door, as it were, behind them. For this purpose, a light tonic treatment should be steadily pursued during the time that the patient is under process of cure, such as a dripping sheet, twice or thrice a-day, according to the patient's strength, and the season of the year. This may be varied, after a week or two, for a wash-down in the morning, on rising, and a sitz bath for ten or fifteen minutes, at twelve o'clock, repeated at five. If the patient be tolerably strong, a shallow bath may be alternated with the morning wash-down.

If heat and dryness of skin, with thirst, should occur, the half wet sheet may be taken for twenty minutes, followed by a wash-down every morning, till these symptoms disappear.

If there be much or any pain in the lower part of the bowels, or near the extremity of the lower bowel, or in the back, the hot fomentation should be used every morning, for twenty or thirty minutes, followed by a dripping sheet, until the pain ceases. These means, steadily pursued, will seldom fail in removing leucorrhœa, whenever it depends upon a removable cause. But this treatment will avail but little, unless conjoined with a proper local treatment at the same time.

The patient should live strictly *absque marito*.

EXERCISE.

Patients suffering under morbid conditions of the womb, will not bear much exercise. It increases the pain in the back, and overwhelms them with fatigue and lassitude. Still some portion of exercise should be taken, and sitting and driving in the open air will be useful.

DIET.

The patient should use a full mixed diet, consisting, however, chiefly of vegetables, bread, and farinaceous puddings. Meat should never be eaten more than once a-day, and then

sparingly. Brown bread and butter should be taken for breakfast and tea, and the tea should be black, and not strong. She should breakfast about eight o'clock, dine about one, and drink tea at seven

She should take no stimulants.

Hot rooms, and every species of excitement, should be most carefully avoided. She should always sleep by herself, and should never be heavily covered with bed clothes.

GREEN SICKNESS, OR CHLOROSIS.

I have treated this disease in my 'DOMESTIC PRACTICE OF HYDROPATHY.' Still a work of this kind would not be complete without some notice of it.

The two most prominent symptoms—those which first attract the notice of friends—are exceeding lassitude and listlessness, both of mind and body, and a remarkable degree of whiteness of the face and lips. The spirits are much depressed, and the temper becomes capricious. The patient loses all relish for her ordinary amusements, and is prone to avoid company. She is pensive and dull. If she be watched, it

will be observed, that she eats but little; and it will be sometimes further observed, that she is fond of chewing all sorts of trash, such as slate pencil, pellets of paper, chalk, or dirt. But, occasionally it will happen, that the appetite is morbidly large. On enquiry, it will be found that the bowels are constipated, and the evacuations offensive—that the tongue is furred, and the breath foul. Sometimes the bowels are tumid, and now and then relaxed. The head aches; sometimes the heart palpitates more or less violently; occasionally the ankles become puffy towards evening, and the breath becomes short. In very bad cases, there is giddiness, dimness of sight, specks floating before the eyes, hysteric fainting, noises in the head, and various singular perversions of the senses of taste and smell. The monthly secretion will generally be found to be more or less disturbed. It may be scanty in quantity, or too profuse, or totally suppressed.

Green sickness, or chlorosis, is one of the certain consequences of neglected retention and suppression. [See INDEX for *Retention* and *Suppression*.]

TREATMENT.

The treatment of this disease should be light and tonic. A wet friction twice a day may be taken for a week—on rising, and at twelve or one o'clock. The second week may be occupied by a cold wash-down on rising, and a sitz bath for ten minutes at twelve, and repeated at five o'clock. During the third week, a shallow bath should be taken on rising, and a wash-down at five. In the fourth week, a shallow bath for one minute should be taken twice a-day—on rising, and at twelve or one o'clock. In winter, the temperature of the water should be 65° Fah.—in summer, cold.

Should there be heat and dryness of skin, with thirst, the wet sheet packing should be taken for thirty minutes, thrice a week, immediately before the early morning treatment, or the treatment at mid-day.

If the nights be restless and feverish, the wet sheet packing should be taken immediately before getting into bed, followed by a shallow bath for one minute.

DIET.

This should be full and generous, and the patient should eat freely of mutton or beef at least once a day. A little cold meat, or hot mutton chop may be taken at breakfast, with weak black tea. But all pastry should be avoided. She should breakfast about eight, dine about one, and drink tea at seven—bread and butter.

EXERCISE.

This should be regular, steady, and systematic. A *short* walk must be taken immediately before every bath (except the early morning bath), and a longer one immediately after each. When only two treatments a-day are adopted, a walk for half an hour or an hour should take the place of the omitted third treatment. In short, the patient should walk as much as she can (not all at once, but at several times), without any great degree of fatigue. *Some* sense of fatigue, however, must necessarily be experienced, especially at first.

Horseback exercise is exceedingly useful in these cases.

CHANGE OF LIFE,

OR LAST MENSTRUAL CRISIS.

This change most commonly happens somewhere between the ages of forty-five and fifty years. Sometimes, however, it occurs earlier, and occasionally much later; and there is usually some disturbance in the regularity of the menstrual periods, as well as in the quantity of the secretion, for some months before its entire cessation.

This is an important epoch in the life of women, and one which, especially in delicate women, is full of danger. She becomes more prone to diseases of various kinds while the change in her system is going on, and her after life will frequently be one of health and strength, or of weakness and disease, accordingly as the menstrual crisis shall be well or ill, perfectly or imperfectly, surmounted—that is, accordingly with the state of health in which she shall find herself at the time at which the menstrual discharge finally ceases. If it have left her in sickly health, the sooner she takes the necessary

measures to re-establish it, the better; for otherwise, such sickly condition is apt to become rooted in the system.

Two of the most common diseases incident to this period of life, are frequent and copious discharges of blood, and various other discharges generally comprehended under the name of 'whites.'

Of these latter I have already spoken. At the period of life now under consideration, they usually arise from some disease of the womb, and require for their cure certain local applications, introduced through the speculum, in addition to the general hydropathetic treatment advised under the head of '*Leucorrhœa, or Whites.*'

BLEEDING FROM THE WOMB.

TREATMENT.

The patient should occupy an apartment whose temperature does not exceed 58° Fah.; and if the bleeding be considerable, should observe the recumbent position on a couch. About every three or four hours, cold water should be applied, by means of a bidet and the patient's own hand,

to the parts whence the discharge of blood issues. On rising every morning, the patient should take a wash-down of one towel. At twelve o'clock, she should take a pail douche of two pails, one being dashed upon the loins, and the other upon quite the lower part of the belly, just upon the bone there situated. If the patient be unable to bear these pail douches, sitz baths for five minutes each may be substituted for them. In summer, the water should be quite cold—in winter, its temperature should be 65° of Fah.

Injecting cold water upon the mouth of the womb through the speculum, is sometimes of the greatest possible use.

EXERCISE.

Until the discharge has quite ceased, no attempt at exercise should be made. Afterwards gentle, steady, systematic exercise on foot should be taken several times a-day, and gradually increased.

DIET.

This should consist exclusively of bread, vegetables, and farinaceous puddings. All the patient's drink should be cold, and she should

drink very frequently small draughts of cold water. Bread and butter, with a little weak cold tea, should be taken at breakfast, and at the third meal, after which she should take nothing, excepting frequent draughts of cold water. She should breakfast about eight, dine about one, and drink tea at seven.

No stimulants of any kind should be permitted; and I cannot conclude this subject without mentioning the undoubted fact, that insanity has, not unfrequently, resulted from the use of wine in these cases, given with the view to overcome the depression under which women, during the menstrual decline, sometimes suffer. In the experience of one physician alone, Dr. Ashwell, several of such cases have fallen under his notice.

LACTATION OR SUCKLING.

ADVICE TO NURSING MOTHERS.

It is the custom with most medical men to recommend nursing mothers to drink ale, porter, or wine. I have known many who had been ordered to drink a quart of porter per day. Such recommendations are supported neither by experience, science, nor common sense. They are supported only by an unreasoning and most pernicious custom. If the object be to support the strength, then those stimulants have no power to fulfil any such object. On the contrary, their inevitable effect is to exhaust the strength, by spurring on the living action to a degree of temporary activity incompatible with the inherent powers of the machine to sustain. The living forces are thus expended faster than they can be generated without injury to the principle whose office it is to generate them. The machinery is thus *strained* and permanently weakened.

If the quantity of milk secreted be insufficient to nourish the child, and these stimulants be

recommended to increase its amount, they are equally wrong and injurious; for this is to exhaust further a system which is already exhausted. In both cases, it is to sacrifice the mother to the child. If the strength of the mother is insufficient to the proper nourishment of the child, without the aid of *forcing*, the proper remedy is to wean the child—either wholly or in part, according to circumstances. And this is a duty which the mother owes, not only to herself, but to her infant, whose health and strength will always much depend upon the health and strength of the system whence it derives its food. But, for the evils resulting from the practice of suckling children either too long, or when the powers of the natural system are incompetent to the task at all, I must refer the reader to the article ‘*Superlactation, or Suckling too long.*’

When the mother is healthy and strong, no adventitious aids are necessary. A due supply of plain and wholesome food is abundantly sufficient to enable her well and truly to fulfil the office which Providence has imposed upon her, both with success and safety. Let her drink be nothing but plain water, or very thin

barley water, with weak black tea morning and evening, with a plentiful plain diet, consisting chiefly of bread, succulent vegetables, and farinaceous puddings, with a little mutton or beef once a-day—let her take a cold ablution every morning on rising, and regular systematic exercise three times daily, according to her strength, and without fatiguing herself, and she may rely upon it that both she and her infant will thrive, and require no adventitious excitement either from ale, porter, or wine. Indeed, excitement in every form should be most carefully avoided; for nothing diminishes the secretions (of which milk is one) so much as artificial excitement. All crowded, or otherwise heated rooms, music parties, &c. should be eschewed. The nursing mother should retire to rest early, should lie cool during the night, should rise early, breathe the fresh air at every opportunity, and live a quiet life of simplicity and retirement—remembering always that the health and strength, both moral and physical, of the rising generation depend, in no inconsiderable degree, on the prudent and rational conduct of nursing mothers.

SUPERLACTATION,

OR SUCKLING TOO LONG.

If Mr. A. present a pistol at the head of Mr. B. and fire it; and if Mr. B. thereupon drop down, no one, however stupid, can help seeing and knowing that the death of Mr. B. was caused by the firing of that pistol shot. In this case, the effect follows so closely on the cause, that both cause and effect are both visible at once, and the connexion between them is easily perceived. But effects do not always follow causes at this rapid rate; and the connexion between them, therefore, is not always quite so manifest. A long period of time frequently elapses before any visible effect succeeds to the operation of the cause; and, in those cases, none but reflective and reasoning minds are able to trace back the former to the latter, and perceive the connexion between them. In this way, many very serious diseases are perpetually accruing to mothers from suckling their infants too long, and, for the reasons above alleged, are constantly attributed to wrong sources. Consumption, insanity, congestions of

various organs, abscesses in various situations, paralysis, and blindness, are amongst the more common consequences of suckling too long. The first effect produced is weakness—exhaustion of the blood system—exhaustion of the nervous system. As a necessary consequence of this weakness, there ensues congestion in this, that, on the other vital organ; and weakness and congestion constitute the two first steps in ninety-nine-hundredths of all the diseases which a morbid craving after refinement and luxurious habits have entailed upon civilized mankind. How long then should a mother suckle her infant? To this question, thus generally stated, no answer can be given. It must depend upon the mother's state of health. Nine, or even twelve months will not be too long for a healthy and strong woman to suckle her infant; but six, five, four, three, two, one, may be too long in certain cases. As Dr. Ashwell very properly remarks:—
'Women originally of susceptible, weakly, and especially of strumous constitutions, whose minds have early and long been cultivated at the expence of their physical strength, or those who live in confined and unhealthy places, who before marriage 'have suffered from chlorosis' (green

sickness), ‘and have since been weakened by hæmorrhagic and leucorrhœal discharges’ (whites) ‘or indeed by any undue secretion, are most frequently the sufferers from prolonged suckling. Such mothers can scarcely nurse at all; and others, somewhat stronger, having begun lactation’ (that is suckling) ‘favourably—by a poor and restricted diet; by nursing entirely, without the aid of feeding the child artificially; by broken rest; by anxiety; by other circumstances too numerous to detail, quickly become exhausted, and present the whole series of symptoms constituting the malady of over lactation.’ No general rule can be laid down, therefore, which shall be applicable to each individual case. All that can now be done is to point out some of the more common symptoms which usually supervene when the suckling of the infant just begins to tell injuriously upon the health of the mother, so as to put delicate women, and those in weakly health, upon their guard, and to exhibit a sign to warn them of the first approaches of injury.

If a nursing mother, always delicate perhaps, or previously in sickly health, find herself becoming weaker and weaker, pale in the face, perhaps in the lips too—if she experience a

dragging heavy sensation in the loins, or other parts of the back, as, for instance, between the shoulders, while the infant is at the breast, with a sensation of sinking and emptiness at the pit of the stomach, or about the bowels, lasting, perhaps, for some considerable time after the child has been removed, while the milk is scanty in quantity, and the infant's appearance indicates that it is not fully nourished, she may be quite sure that she is not in a condition any longer to afford support to her child, with justice either to herself or to it. She may be quite sure that she cannot do so without entailing disease both upon her infant and herself, although such disease, beyond mere exhaustion, may not immediately manifest itself. It will surely come; but what form it may assume when it *does* come cannot be told, and therefore whether it shall, or shall not be of a deadly character, cannot be foreseen. If, in spite of these symptoms, the mother still persevere in suckling, and not to mention the injury which the child's future health will sustain, her mind will become depressed or excited; she will soon exhibit a disposition to hysteria; her appetite will fade; her pulse become quick; her strength

rapidly decrease ; her bowels will be constipated and flatulent, or otherwise disordered ; her vision will become impaired ; she will be subject to head-ache, throbbing, and giddiness ; to singing in the ears ; to palpitation of the heart, swollen ankles, and a puffed appearance of the face.

Palpitation of the heart on the slightest exertion, dimness of sight, loss of appetite, with pallor of the face, are sometimes the earliest and only symptoms present.

In bad cases, there is profuse menstruation, or considerable losses of blood from the uterus, and profuse leucorrhœa ; and blindness, convulsions, epilepsy, consumption, or temporary insanity, finally closes the tragic scene.

Every strong and *healthy* mother ought to suckle her own offspring. It is a law of nature which she is bound to obey both for her own sake and that of her child. The proper time during which the child should be supported by the mother's breast is nine months, if both child and mother be healthy. But if the child be delicate, and the mother healthy and strong, she may continue to nurse it till the end of the twelfth month.

If a mother have a consumptive tendency, or

show other signs of a scrofulous habit; if she have been insane, or had epileptic fits, or be the subject of any bad and inveterate skin disease, she *ought never to suckle her children.*

TREATMENT.

As soon as any of the earlier symptoms of excessive lactation (too prolonged suckling) show themselves, the child, if the symptoms be only slight, should be at once half weaned; that is, it should be partly fed artificially, and should be entirely removed from the mother during the night, that her rest may be undisturbed. But if the mother be very delicate, or very sickly, and the symptoms be well marked and clearly pronounced, then the infant should be at once and wholly removed from the parent breast, and handed over to a wet nurse. The patient must now commence a light course of cold bathing and systematic exercise.

On rising in the morning, she should wash her neck, chest, stomach, bowels, and back, by means of a coarse towel wrung out of water—cold in summer, and at a temperature of 65° Fah. in winter. At twelve o'clock she should take a wash-down. Having pursued this treat-

ment for a fortnight or three weeks, she may take a shallow bath every morning on rising, and a sitz bath at twelve, for ten minutes, repeated at five. Whenever the skin is hot and dry, and the pulse quick, a wet sheet packing for twenty or thirty minutes, or until she becomes quite warm, may precede the early morning bath; and this treatment may endure for three or four months; or, until she has quite recovered her health and strength.

DIET.

Her diet should be liberal and generous; but she should take no stimulants.

EXERCISE.

This must be apportioned to her strength; and gradually increased as health returns. It should be steady, regular, and systematic, and taken several times a day. Riding and driving are both extremely useful in these cases.

EFFECTS OF FREQUENT MISCARRIAGE.

Every young married woman should know, first, that there *are* such things as miscarriages ; secondly, that every mother, who has miscarried once, is just so much the more likely to miscarry again ; that, in time, the act of miscarriage becomes habitual ; and finally, that frequent miscarriages are fraught with very serious dangers and disastrous consequences, of various kinds, both present and future. The precise time when measures may be instituted for the prevention of miscarriage, with the greatest probability of success, is that which intervenes between the last miscarriage and the next pregnancy. Where miscarriage has occurred from weakness, which is most commonly the case, this is the only time during which preventive measures can, with anything like certainty of success, be adopted. The immediate cause indeed of most miscarriages is some sudden, though often slight accident—a trip of the foot in walking, a trivial alarm, a sudden start, or the like. But it must be remembered that, in all

these cases, weakness is the true and original cause of the evil, for, in the state of health, these slight accidents would be wholly incapable of producing it. Weakness therefore is, in the majority of cases, the cause of miscarriage; and to *strengthen the system* is the prime object to be kept in view in all attempts at prevention.

When a woman has miscarried, and the foetus and after-birth have been removed, she should be placed in an empty shallow bath, or any sufficiently large tub, and have a large pailful of water, cold in summer, and at a temperature of 65° Fah. in winter, dashed suddenly over the lower part of the belly. She should then be taken out, enveloped in a large dry sheet, seated in a chair, rapidly dried, and placed in bed again. This should be done every day.

As soon as she is able to walk, she should take regular exercise in the open air, two or three times a-day, increasing the length of her walk gradually in proportion to her returning strength.

She should now take a wash-down every morning on rising, immediately followed by a walk in the open air. Having continued this practice for three weeks or a month; she may

take a shallow bath every morning for one minute, a sitz bath at twelve or one o'clock for ten minutes, repeated at five o'clock—walking out immediately after the early morning bath, and immediately before and after both the sitz baths. The walk before bath should be short and quick, for ten or fifteen minutes; that after bath, may be as long as her strength will permit without fatigue. In winter time she should be well and comfortably clothed. And she ought to persevere in this treatment, not only until she becomes pregnant again, but up to the ninth week of pregnancy. She may then discontinue the sitz baths, but should go on with the shallow bath until the fourth or fifth month of pregnancy. She should then substitute a *wet friction* or wash-down over the entire trunk, in place of the shallow bath; and this practice she should continue *up to the day of her confinement*. If she have miscarried frequently, she should, a week before the usual period of miscarriage arrives, confine herself to the couch, in a recumbent position, for a fortnight or three weeks. But during even this period, she should take a wet friction over the trunk, (omitting the limbs,) every morning on rising.

In this way, miscarriages *from weakness* may be, almost always, prevented.

It is scarcely necessary to add, that the longer the interval between a miscarriage and the next pregnancy the better, as this allows more time for the invigorating operation of the treatment. It is always desirable, therefore, that the patient should leave home for two or three months, if this be practicable.

Hot rooms, crowded parties, and every species of excitement, should be most carefully avoided, and she should not ride on horseback.

DIET.

The diet should be plain, nutritious, light, and plentiful. Bread and butter, with a little weak black tea, for breakfast, and at the third meal. The dinner should consist of bread, well boiled garden vegetables of all sorts, farinaceous puddings, and mutton, beef, fish, fowl, or game, with water for drink. No stimulants of any kind should be taken. She should breakfast about eight, dine about one, drink tea at seven, retire to rest at ten, and rise at six in summer, and seven in winter.

The effects of frequent miscarriages are to

weaken and impoverish the system; and when these ill consequences have ensued, the treatment just described is singularly efficacious in restoring it to health and vigour, if the patient have only the moral courage to persevere in it for two, three, or four months.

Of course I am presuming that, during the actual process of miscarriage, an accoucheur will be in attendance.

The three objects I have in view are, first, to prevent miscarriage at all; secondly, when it has happened once or oftener, to prevent its recurrence; and, thirdly, when the constitution has suffered injury from frequent miscarriages, to remedy that injury. I recommend, therefore, every young married lady who is anxious to have a healthy family, and to preserve her own vigour, to acquire the habit of taking an entire ablution every morning—the water being cold in summer, and at a temperature of 65° Fah. in winter—and to accustom herself to take regular and systematic exercise, either on foot or horseback, for at least three hours a-day—not necessarily all at once—but at least three hours of active exercise in the whole. In her own health are bound up the health of her children, and the

happiness of her husband. Surely one eighth part of her day is not too much to devote to those two great objects—which together constitute the final cause of her earthly existence.

SIGNS OF PREGNANCY.

It is occasionally of some importance to ascertain the “no” or “yes” with regard to the presence or absence of pregnancy. There are no means of ascertaining the fact with absolute certainty which can be put in practice, otherwise than by a medical man. The only infallible signs are certain sounds yielded to the stethoscope, by the foetal heart, and living placenta or after-birth; and by the aspect presented by the mouth of the womb when viewed through the speculum.

Within the last few years, a melancholy proof of the great importance of ascertaining, with absolute certainty, the fact of pregnancy, was furnished by a noble lady, since dead—and the issue of which reflected nothing but disgrace upon all the parties concerned, excepting the calumniated lady herself.

But, although the pulsations of the foetal heart and the placental bruit, when distinctly heard, demonstrate beyond all doubt the existence of

pregnancy, there are no means whatever by which it is possible to prove, beyond all doubt, that pregnancy does *not* exist. The persistence of the monthly secretion, though strong circumstantial evidence, is by no means demonstrative. Some women menstruate during the whole time of pregnancy; and I knew one lady who never did so at any other time.

But although there are no absolute proofs of pregnancy, except the three I have mentioned, there are yet certain indications which, when occurring en groupe, will furnish an amount of circumstantial evidence, on which considerable reliance may be placed.

In all ordinary cases, the first and most obvious change which happens, is the cessation of the monthly secretion. A few weeks after this, it will be observed that the breasts are becoming fuller and more rounded, and that a brownish discolouration is making its appearance round the nipple. Sometimes very slight shooting pains are felt in them. At the same time the abdomen will be observed to be somewhat fuller, larger, and slightly more prominent. Occasionally there is toothache, or pains in the fingers or toes, and a disposition to expectorate. The temper too,

often undergoes a change, and becomes unusually irritable. But of all the minor circumstantial evidences of pregnancy, the best is to be found in the urine. If a little of the early morning urine of a pregnant woman be placed in a cup, and set aside in any cupboard free from the access of dust, for three or four days, a thin pellicle, somewhat resembling an extremely thin layer of grease, will generally be found floating on its surface. This experiment should be repeated two or three times, at intervals of a week, and if the pellicle be always observed, it may be taken as a tolerably certain proof of pregnancy, and more especially if some of the other signs herein-mentioned be also present.

STERILITY OR BARRENNESS.

Sterility, in every instance, without any exception or qualification, is a disease—or rather, I should say, is the consequence of disease—and is, in the majority of cases, decidedly curable.

This has been abundantly proved by experience. In a very few and rare instances, it may depend upon organic defect. But, in an immense majority, sterility depends either upon an inflammatory condition of the lining membrane of the

womb; which is a curable disease; or else upon a generally weak and unhealthy state of the whole system; which is also a curable condition.

TREATMENT.

To treat such cases with any prospect of a successful issue, *absence from home* is absolutely essential. Before commencing any, however, a careful examination into the condition of the womb, as well as that of all the other important organs of the body, should be instituted, and then the patient should be subjected to such a course of hydropathic treatment as is best calculated to meet the circumstances of the case. But, in every instance, it should be light, and such as the system can easily support. The diet should also be plain, simple, and plentiful, consisting chiefly of vegetable and farinaceous food; the drink, water—with a little weak black tea morning and evening. The exercise should be regular, and systematic, and carefully proportioned to the strength, and to the state (morbid or healthy) of the uterus and other organs, as the heart, the lungs, &c. If there be inflammation at the mouth of the womb, proper local

application should be made by means of the speculum.

But, I repeat, in such cases, no kind of treatment can be successful without *absence from home*; it would be useless therefore in this place to lay down any directions for home practice.

ANAL FISSURE.

This is another affection for which no direction for home treatment can be usefully given. Women are very prone to it, although it is said to happen occasionally in the male subjects. It consists of a small fissure or crack, situated quite at the extremity of the lower bowel. It is an excessively painful affection, but happily a curable one, though not without a slight operation. The pain is generally of a screwing, pricking, and burning character, and is experienced after every evacuation of the bowels, sometimes amounting to intense agony, and lasting for hours. The fissure is usually very small, lies concealed among the natural folds of the part, and is often very difficult to detect, without the most patient and careful examination.

THE HYDROPATHIC MANAGEMENT OF WOMEN IN CHILD-BED.

The ordinary treatment of women in child-bed, is irrational, indefensible, and most preposterously foolish. Nothing can be more absurd. Child-birth is not a disease! It is simply the performance of a natural function, like eating, drinking, evacuating the bowels, &c. Yet we treat it as though it were some formidable and dangerous malady. Dr. Conquest, one of the most eminent and successful of our metropolitan accoucheur physicians, has some very sensible observations on this subject. ‘Child-birth,’ says he, ‘is that natural process by which the womb expels its contents, and returns to the condition in which it was previously. I call it a natural process; and in my opinion, no sentiment is more pregnant with mischief, than the opinion which almost universally prevails, that this process is inevitably one of difficulty and danger. I am well aware that some degree of suffering is connected with child-birth; and this applies

equally to the whole animal creation, whether human or brute—though the former suffer more than the latter, *because the habits of brutes are less unnatural*. That the suffering of women during child-birth is referrible, in a great degree, to their artificial habits of life, and not to their form and make, is evident from a variety of circumstances. History, in all ages of the world, establishes this position. What made the striking difference between the ancient Hebrews and Egyptians, of whom it is said: “the Hebrew women are not as the Egyptian women; for they are lively, and are delivered ere the midwives come in unto them”? What, I would ask, made the marked difference in the labours of these two classes of women, but the plain, simple, and industrious habits of the Hebrews, as contrasted with the effeminacy, and luxurious living of the Egyptians? Look into more modern history, and you will see the same fact established again and again. I could mention innumerable proofs, but a few must suffice.

‘The celebrated traveller Bruce says, that the Abyssinian women retire by themselves, and go through the process of child-birth with so much ease and expedition, that they do not confine

themselves a day after labour, but return to their usual occupations immediately.

‘The same simplicity, expedition, and freedom from danger, attend this natural process amongst the natives in most parts of Asia, Africa, the West Indies, and America, where the mode of living among the natives is more simple and abstemious, and their occupations and general habits more laborious, than in more civilized countries.

‘The Moorish women have no midwives, but are usually alone at the time of delivery, lying on the ground under an indifferent tent. They will even travel on the same day, a distance of fifteen or twenty leagues.

‘In Morocco, the women suffer so little, that they frequently go through the duties of the house on the day after their delivery, with the child on their back.

‘One respectable traveller assures us, that with the native Africans labour is so easy, and trusted so entirely to nature, that no one knows of its existence till the woman appears at the door of the hut with the child. Another, equally respectable, tells us that as soon as an American Indian woman bears a child, she *goes into the*

water, and immerses it and herself. One evening he asked an Indian where his wife was: he replied: "I suppose she has gone into the woods to set a trap for birds." In about an hour she returned with a new-born infant in her arms, and holding it up, exclaimed: "here, Englishman, here is a young warrior!" Were it necessary, many more instances might be brought forward. But it has been said, this occurs only in warm climates, where the heat relaxes the parts concerned in parturition. This objection is not consistent with truth, for the natives of Livonia, and the savages of North America, retire to some private place, and return immediately after their delivery to their customary work; and the Greenlanders do all their common business just before, and very soon after their labour; and a still-born or deformed child is seldom seen or heard of among them. Still further to establish the assertion that human parturition is not necessarily a process of danger, we know that, in this country, servant girls who become illegitimately pregnant, very often absent themselves for an hour or two, and after giving birth to a child, return to the discharge of their household duties immediately.

‘It is, therefore, obvious that the difficulty and danger that so often attend child-bearing in civilized society are attributable, principally, to *unnatural customs and habits of living*, in which women, in this and other countries, indulge from their infancy, and which operate by preventing the constitution from acquiring its proper firmness and vigour, and by producing a weak, feeble, and irritable state of body:’ and again, ‘besides attention to diet, exercise, and clothing, some regard should be paid to obtaining a healthy action of the skin. This cannot be accomplished without BATHING—an operation which should be regarded as a necessary of life, not a luxury’—and that the author here means cold or tepid bathing, is quite obvious from what immediately follows, wherein he mentions sea-bathing and the shower bath.

Now this is not the language of a *Hydropathic* physician—not the language of a man who, having adopted, like myself, a certain mode of treatment, desires to thrust it forward on every occasion, and to make it applicable to all cases, right or wrong; it is not my language—it is the language of Dr. Conquest—a metropolitan

accoucheur physician of much eminence—a man who, from the long and successful practice of his profession, has deservedly acquired wealth and distinction—a man, therefore, who can afford to be honest—a man who, unlike Archdeacon Paley, can afford to keep a conscience. With those, therefore, who put their trust in Authority rather than in the light of their own reason—that is to say, with nine hundred and ninety-nine persons out of every thousand—the opinions of such a man as Dr. Conquest cannot fail to have more than ordinary weight.

Seeing, then, that the difficulty and danger, and by far the greatest part of the suffering also, in human parturition, have not been entailed upon us by any law of nature, but are solely the result of a morbid irritability, general systemic weakliness, and an excessive and unnatural sensibility, resulting from unnatural and luxurious and lazy habits, exciting amusements, &c. it is clear that the remedy consists in a return to more natural and simple habits during pregnancy, together with the adoption of such a treatment, both before and after delivery, as is calculated to allay this morbid amount of irritability

and sensibility, to remove this general weakness of system, and to give tone and firmness to the relaxed fibre.

As soon as the arrest of the menstrual function, and the other usual early signs of pregnancy, have manifested themselves, the mother *expectant* should at once enter upon a course of life, having the health of herself and offspring for its main object. She should confine herself to the simplest diet. She should breakfast at eight, dine at one, and take her third and last meal at seven o'clock. These should be her hours in summer. In winter, she may breakfast at eight, or at nine; dine at half-past one or at two; and take her last meal at seven or half-past. In winter, she should retire to rest at half-past ten, and rise at seven; in summer, she may retire at the same hour, and rise at six. Her only drink should be water, with the exception of a little weak black tea morning and evening. Her diet should consist of good sound white or brown bread, a little lean meat, mutton or beef, once a-day, and an abundance of all sorts of well boiled garden vegetables, and potatoes. All evening parties, especially music parties, theatres, assemblies, all hot and crowded rooms, all causes

of unwholesome excitement, should be carefully avoided. She should take daily exercise on foot out of doors, proportioned to her strength. Her exercise should not be taken all at once. It should be divided. She should go out for half an hour always before breakfast. She should take from one to two hours' walk—say from ten to twelve—before dinner; and again from four to six. In the long summer evenings in the country, she should go out again from eight to nine. Her walks may, of course, be as well taken in the garden as elsewhere.

After the fourth month and onwards, the amount of exercise should be somewhat diminished.

Every morning on rising she should take a bath of some description or other. In the winter time, a wash-down at 65° of Fahrenheit will be the best. In summer, a cold shallow bath for one minute will be more advantageous. *This practice she should continue up to the day of her delivery.*

AFTER DELIVERY.

On the third day after delivery, the abdomen should be thoroughly but rapidly sponged over with cold water twice a-day, at ten or eleven

o'clock, and about nine at night. This should be repeated on the fourth day. On the fifth day, she should be lifted out of bed into an empty tin shallow bath, in the sitting position, and have, in summer, a pailful of cold water poured over the lower part of the bowels and upper part of the thighs. But in winter, the water should bear the temperature of 65° of Fah.

On getting out of the bath, a dry sheet should be thrown over her. She should then seat herself on a chair for a few minutes, while she is dried in the sheet, with which she should be rubbed instead of towels. But the feet should be dried with towels. No danger will arise from taking the erect position for so short a time on the fifth day, unless the case be a complicated one.

She should now be dressed rapidly, and placed on the sofa for the day. This mode of treatment should be prosecuted till the eighth day. On the eighth day morning, at ten o'clock, she should take a shallow bath for one minute—cold in summer, 65° of Fah. in cold weather; and after this, the eighth day, she should no longer consider herself an invalid, and should continue to take a cold ablution once every day, in one form or other.

On the day after delivery, a dose of castor oil should be exhibited, which, in most instances, will prevent the occurrence of after-pain.

No spirit, nor any other kind of stimulant whatever, should be given.

During the actual pressure of the labour pains, she should be allowed to drink very freely of cold water, and the room should be kept perfectly cool. After delivery, she should be lightly covered with bed clothes, more especially over the chest and breast, which should always be kept quite cool. The English fashion of having all the bed coverings turned down, so as to be all *double* over the upper part of the trunk, is a foolish and mischievous one. The sharp edges of all the clothes should be brought up to the chin, so as to be single over the chest, except the sheet, which may be turned down. If the clothes are double anywhere, it should be over the feet and legs.

Within twelve hours after delivery, the child should be put to the breast, whether there be any milk or not. On the third day, if the breasts show any disposition to heat or excessive fulness, becoming large, hard, and heavy, they should be well washed every two or three hours

with cold water, and cloths dipped in cold water should be kept constantly applied to them, and renewed as often as they become hot, and the breasts should be exposed to the air as much as possible. If the infant be unable to keep the flow of milk in sufficient check, the breasts should be emptied by the ordinary artificial means; or the infant of some other person may be applied to them occasionally. During the day, the bedroom windows should be kept open if the weather be at all fine.

. DIET.

The practice of keeping a lying-in-woman for days upon little else than hot slops, is another gross absurdity arising from our having, somehow or other, but nobody knows why, come to consider and treat parturition as though it were a disease, instead of being, as it really is, a natural and *healthy* process. On the second day—that is the day after delivery—let the patient have dry toast and weak black tea for her breakfast, a light pudding for dinner, and dry toast and tea again for her third meal. On the next day, she may have a little fish for dinner instead of the pudding. On the fourth day, unless the

breasts should be very full indeed, or should show a disposition to heat or inflammation, becoming large, hard, and heavy, she may resume her ordinary diet, and return to the free use of green succulent vegetables, with a little fowl, game, or other lean meat.

If pregnant and parturient women were treated in this way, sore nipples, heart-burn, milk fevers, water brash, broken breasts, peritoneal inflammations, prolapsed wombs, constipation, puerperal insanity, spasms of the stomach, and the numerous other maladies to which pregnant and lying-in women are now prone, would be seldom heard of; while their sufferings would be greatly abridged and rendered quite inconsiderable; for these diseases—I say it advisedly and emphatically—are not the diseases of parturient women. They are simply the diseases of the *mismanagement and maltreatment* of parturient women. Child-bed women are always very sedulously cautioned against the evils which may arise from sitting up too early after delivery. But, properly speaking, these evils do not arise from sitting up too early, but from the relaxing and weakening treatment which they are made to undergo both before and

after parturition. The principal evil arising from the too early resumption of the erect position, is the falling of the womb from the relaxation of parts. But this relaxation is the very thing which is encouraged and increased by the *relaxing* treatment usually adopted; and is the very thing which may be certainly avoided by the *bracing* treatment here recommended. Nothing so braces the living fibre, and renders it so firm, as the free admission to the body of cold air, and the liberal use of cold water.

The virgin womb is somewhat of the shape and size of a pear. At the end of the ninth month of pregnancy, it is, of course, enormously expanded. After delivery, and in the state of health, it quickly returns to nearly its original size and shape, by a gradual *contraction*. But in some relaxed and weakly habits, it does *not* resume its original size so speedily as it should do; and in these cases it is liable to very serious disorders. The one great object, after delivery, which medical men have in view, is to get the womb to *contract* as speedily as possible. It is by this contraction that bleeding is prevented, and the other serious disorders above alluded to, avoided; and it is from its not contracting that

such disorders arise. Now I appeal to the common sense of my readers to say whether the treatment here recommended, the free admission of cool air, and cold ablution, be not infinitely better calculated to insure this most necessary contraction of the womb—the one thing especially needful, be it remembered, after delivery—than the ordinary practice of keeping parturient women stewing in the heat of bed for two or three weeks, and feeding them on nothing but slops, in a hot bed room. Surely it must be perceived in a moment, that this latter plan is the best that could possibly be devised for *relaxing* the womb and other organs concerned, and not for bracing them, and causing them to contract!

THE MANAGEMENT OF INFANTS.

I cannot introduce this subject better, than by another quotation from the writings of Dr. Conquest. 'I cannot consent,' says he, 'to bring it to a close, without stating it to be my decided and growing conviction, that most of the annoyances and sufferings of pregnancy and child-birth, must be traced back to the unnatural methods of rearing children who are afterwards to undergo the changes connected with one great end of their physical existence. Instead of laying, in infancy and childhood, the foundation of a firm, hardy, and vigorous constitution, by keeping the young almost constantly in the open air, and by the cultivation of rational habits, their bodies are rendered weak, feeble, and irritable, by early and constant confinement within doors, and by the RUINOUS PRACTICE OF SENDING THEM OFF EARLY TO SCHOOL, thereby depriving them of that exercise and air which are essential to the health, strength, and complete development of their systems. And, it must be conceded, that in adult age, women

in this country too frequently keep up and aggravate this state of things by improper habits and modes of living; by too sedentary a life; by too rich and delicate a diet; by late hours, crowded rooms, and many similar and equally enfeebling and detrimental practices.'

'Many of those complaints which embitter our existence in advancing years, may be traced back to the irrational and pernicious customs of the nursery, and but few persons attain the age of maturity, who have not reason to deplore the existence of practices, which in early life lay the foundation of premature and miserable old age. It is impossible to set forth the enormous amount of unhappiness, deformity, and distortion of the body, and wretchedness in the after life of individuals, resulting from diseases in their infancy, which might have been prevented, in the first instance, by proper and judicious treatment; and palliated, or altogether remedied, in the second instance, by curative means. Squinting, club feet, rickets, distorted limbs, and hump-backs, ruptures, the wasting of early youth, and the consumption of early manhood, the delicacy of frame, the feebleness of constitution, the scrofulous habit, and its numerous train of

attendant ills, in the shape of sore eyes, diseased joints, swelled glands, ugly ulcers, and enlarged and deformed bones, &c. are in innumerable instances owing to the prevalence of gross ignorance and errors in the rearing and nurture of infancy.'

I have quoted the above remarks of Dr. Conquest, partly because of the high position he occupies among our great metropolitan physicians, his deservedly acknowledged talent, and large and long experience; but chiefly to show that the lamentable mischiefs arising out of a false system of rearing children is no mere crotchet of my own; although I have let slip no opportunity of endeavouring to force it upon public attention.

The whole plan, indeed, of infant education, by which I mean the entire mode of rearing infants into youths, and youths into men and women, is alike melancholy and monstrous. And it is a much *larger* subject than is generally supposed; for we are apt to forget that our men are made out of infants, and that the child is father to the man. We are apt to forget that the entire national character is influenced by whatever influences the body and mind of the

infant generation. The adult public is but the *same* infant public *full grown*. The infant public, with all its physical weaknesses and constitutional infirmities upon it and within it, in a few years, *becomes* the adult public—out of physical feebleness grows mental weakness—and the sickly bodied infant finally becomes the weak-minded statesman.

We toss up our heads and boast of our knowledge. We ruffle our feathers and plume ourselves on our high state of civilization, and talk loudly of our humanity. In the plenitude of our ridiculous and windy pride, hoodwinked by self-conceit, and drunk with vain glory—blind as bats to the slough of vice, crime, pauperism, and disease in which we are wallowing—we affect to look down with pity on the rude nations of the earth; and to look back with scorn on the condition of our unenlightened forefathers. But, in the midst of this frantic dance of self-gratulation and noisy song of fancied triumph, let us stop for one moment of sober reflection, while we look at the balance of accounts. What have we gained by the high state of civilization and refinement to which we have attained? We have gained

something—I admit it. We have gained much—I confess it. But have we *lost* nothing? In calculating the results of the present condition of society, have we nothing of *evil* to *set off* against the *good*? I think we have—a little. In the first place, in the present condition of society, every sixteenth person is a pauper—that is to say, about two millions of the people are reduced to a state of absolute *starvation to death*, but for the compulsory support of their neighbours. In the most civilized, refined, religious, and highly cultivated empire in the world, one sixteenth of the whole people—that is, about two millions—are reduced to this condition—that they must either die of starvation, or live by plundering their neighbours—unless those neighbours, to save themselves from being plundered, agree to support them. But if a man meet me in the highway, and say to me: ‘I will not rob you if you will give me a shilling, but I will if you won’t;’ and if, in consequence of that threat, I give the man a shilling, it is obvious that I am as much plundered by that man of that shilling, as though he had actually knocked me down and forcibly abstracted it from my pocket. Now let us not deceive ourselves—we do *not* pay the poor rate

from motives of humanity. We pay them because we know that if those two millions of poor were left to starve, they would actually and really plunder us. They would subvert the order of society, and make the country too hot to hold us. The money, therefore, which we are compelled to pay to support the otherwise starving people, is neither more nor less than simply *black mail*, or plunder—black mail, or protection money, levied upon us to secure us from the turbulent inroads of these two millions of starving paupers; just as some of the free-booting Highland chiefs of Scotland used formerly to levy black mail upon the Lowlanders, in return for which they forbore to plunder them. However it may be attempted to gloss the thing over by employing a different phraseology, the naked and ungilded fact is as I have stated it.

Thus, the present condition of society, drives every sixteenth person to become a levier of black mail, or protection money, upon his wealthier neighbours, for his own support. But, to make the very best of it, and to use the mildest possible language, it compels *every sixteenth person to be, at least, a beggar—*

who is only saved from being a robber, by compulsory contributions towards his support extorted from his neighbours.

This one fact, therefore, that the present condition of society reduces two millions, or one-sixteenth of its entire population, to the alternative of beggary, robbery, or death by starvation, is one set-off against the blessings, as the phrase goes, of civilization—or rather of excessive cultivation and unnatural refinement.

The fact that our luxurious and unnatural habits have so thoroughly saturated society, from one end of it to the other, with disease, that the entire lives of no fewer than thirty thousand medical men are spent in endeavouring to mitigate its sufferings—sufferings arising from diseases which are utterly unheard of in more primitive communities, is another heavy set off.

The fact, as proved by all history, whether ancient or modern, whether of other countries or of this, that vice and crime ever increase exactly in proportion as nations advance towards a high state of civilization—the fact, I say, that vice and crime, in obedience to this universal law, have increased among us to an extent so fearful, that the government is, at this very

moment, experiencing the greatest difficulty to find room in the world whereunto to transport our convicted felons—this fact is a *third* set-off against the so-called blessings of a high state of cultivation.

But that which more instantly concerns us in this place is, that *one-third of all the children born in our large towns, PERISH* before the age of one year. Now let us stop a little—let us pause a moment—for this frightful fact is so large, that the mind cannot find room for it otherwise than little by little, and time must be allowed for its *gradual* reception. Men so often make use of exaggerated language, that the reader acquires a habit of making allowances for this—of making large deductions from an author's statements on the score of exaggeration. But, in the present case, no such allowances—no such deductions—can be made. The fact, as I state it is simple and plain—a matter of fact and figures—as *proved by the Registrar General's Report*—from which there is no appeal. There stands the fact, in all its hideousness, staring us in the face. Of every thirty thousand children born in our large towns, ten thousand perish—perish before they are one year old. And this happens

nowhere but in *highly cultivated communities*. Let us stop a little once more. The question is a question of life and death—human life and death—such a question is worth a little patience and a little consideration. The human mind has a difficulty in realizing so horrid a truth—the throat of human faith, capacious as it is, is yet scarcely big enough to admit so huge and distasteful a morsel. Effects do not always follow causes quite so obviously as night follows day, nor is the connexion between them quite so evident as the iron links which connect the railway engine with the carriages which follow it. But if the mothers of England were, and had been for many years, all in the habit of feeding their infants on one particular kind of food; and if it were proved to them all at once that this food was so poisonous that it *killed every third infant* that was fed with it—that, out of every thirty thousand children born, it killed ten thousand within the first year of their lives—or if a law were passed that every third child born in our large towns should be thrown into the river and drowned before it was one year old—the whole kingdom would be stricken with horror. If it were only rumoured that such a law was in

contemplation—or at all probable—or even possible—the whole nation would rise up in arms to avert a calamity so appalling. Yet the present constitution of society and mode of life are doing, at this very moment, exactly what that law would do were such a law carried into effect. The only difference is, that such a law would destroy the infants without any unnecessary suffering; whereas now, while their destruction is accomplished with equal certainty, and equally within the same short period, a protracted torture is often superadded to a lingering death. Medical writers, and others, have pointed out the fact at all possible opportunities, yet no one seems to care much about the matter; and this can only arise from not clearly seeing, or not being willing to see, the immediate connexion between this wholesale Herodian slaughter and the causes which produce it. Yet the connexion and relation between the butcher's knife and the death of the lamb, is not more certain, than the immediate connexion and relation which exist between our unnatural habits and this destruction of infant life.

The public apathy arises partly from not

seeing this connexion, but not wholly. It also, I fear, arises in part from distaste for that simple mode of life which is alone compatible with sound health. We love the wrong, and do not like to be convinced that it *is* wrong. We hate the right, and do not like to be convinced that it *is* right.

This latter cause, I say, must have something to do with this strange apathetic indifference; because, in other matters relating to infantile health, the public are ready enough to be guided, each by the opinion of his medical advisers, even in cases where all medical men do not agree among themselves. But, on the baleful influence of the present habits and manners of society upon the human health, medical men are unanimous—there are not two opinions among them—they have but one voice. Yet to that one united voice the public ear remains obstinately deaf.

This wholesale destruction of infants, therefore, within the first year of their existence, is a fourth set-off against the *blessings* of a highly cultivated state of society.

But I have by no means yet stated the whole extent of the evil. What I have mentioned applies

chiefly to our large towns. Do our small towns and country villages escape, then? By no manner of means. Nature has appointed only one cause of death: viz. *old age*. 'But we argue,' says Dr. Conquest, 'as if the tendency to die—*natural only* to old age—were a faculty of youth.' No human being dies a *natural* death who dies from any other cause than old age. Yet the Registrar General's Report, that stubborn document whose evidence there is no denying, proves that *one entire fourth of the whole population of all England perishes before the fifth year after birth*; that, out of every four millions born on the broad surface of England, one million of children *perish* before they are five years old. The parents of every family of four children have to put on mourning for the loss of one, because those parents have forsaken the laws of nature, and set at nought the ordonnances of nature's God. *Therefore* is the curse of early death upon us; *therefore* are our churchyards honey-combed with the graves of our infant dead.

'Much that is plausible,' says Dr. Conquest, 'but little that is satisfactory, has been advanced on the high degree of irritability, and the extreme delicacy of frame, which exist during

the period of infancy. But this one consideration and single fact, sets such reasoning aside, that among savage nations, where the plain dictates of nature and common sense are followed, the variety of diseases and number of deaths *bear no proportion* to those which occur *in civilized countries.*' Again, the same author: 'the extent to which the lives of the young are being sacrificed in England is daily becoming more and more known, and each additional fact only harrows the mind with fresh horrors. The civilization which we boast, certainly produces atrocities which do not occur in less civilized countries.'

But it may be thought by some, that this great question relating to the social habits, and manners, and political condition of the British community, is somewhat out of place here, and a little foreign to the present purpose. But I say it is most perfectly to the purpose—pressingly and instantly to the present purpose. The purpose of this chapter is, to give some instructions relative to the proper management of infants. But if there be some cause, well known and clearly obvious to medical men, in constant operation, and which is known to make the best

possible management of infants so constantly unavailing to save them from perishing, more especially if such deadly cause be remediable, as to a very considerable extent it certainly is; surely it is most instantly to the purpose that it should be not merely mentioned, but insisted upon with all possible emphasis. 'This frightful and appalling mortality,' (the mortality of infants) says Dr. Conquest, 'is in truth matter for the most profound reflection. Accompanied, as it necessarily is, with a great and enormous amount of human misery and suffering; unnecessarily wearing out the lives of the mothers; injuriously operating on their moral and physical system; and rendering them more and more unhealthy, and less able to produce an offspring strong and vigorous—the greatest riches of a state—this excessive mortality cannot be viewed without the feelings of the philanthropist, the statesman, and the *physician*, being awakened to the vast importance of some effort being made to meet the gradually increasing waste of life, of strength, of power, and of happiness.'

It is manifestly of the first importance, that mothers, especially young mothers, should know

that unless this hostile cause be, as much as possible, removed, their infants will surely perish in spite of management the most judicious. The deadly influences which poison the first years of infant life begin, not with their birth, but *before birth*—and not merely before birth, but *before conception*. For the food of the unborn infant is its mother's blood; and if this be impoverished, or diseased, or otherwise altered from its natural state by the unnatural habits and unnatural food of the mother, the evil is directly communicated to the infant. Mothers ought to know that it is *their own blood which circulates through the blood-vessels of their unborn infants*. They would then more strongly feel the necessity of keeping their blood, not only pure from the defilement of disease, but rich in all the elements of life. After conception, a direct communication is opened in the womb, between the blood-vessels of the mother and the blood vessels of the unborn infant; so that the blood of the mother flows directly into, and through the infant's entire system. The infant has, before birth, no blood of its own. It is filled with the blood of its mother, and nourished by the blood of its mother. The blood which circulates

through the infant system, is made out of the *food of the mother*, which food is digested in the *stomach of the mother*. I say, every mother should know this; because then she would see how much the health of her infant depends upon *her own manner of feeding*. It is in this way that all the weaknesses, and depravities of health, of the mother, are at once communicated to the infant; and it is in this way, that the unwholesome habits of the mother cannot fail to tell directly upon the constitution of the infant.

I do not speak with strict correctness, but I speak quite intelligibly and truly, therefore, when I say that the proper management of infants begins, not only before birth, but actually before even conception. By which I mean, that those who really wish to secure life and health to their offspring, must begin to exercise their care to that end—not immediately after its birth, but literally before its conception. In homely and illustrative language, if they would have healthy fruit, they must till and properly cultivate the soil which is to produce it. The convulsions arising from difficult teething, which hurry out of the world tens of thousands of infants every year, is a disease, for instance, solely dependent

upon a morbid irritability of nerve inherited by the infant from the mother—a disease which is utterly unknown in a more primitive state of society.

FOOD OF INFANTS.

It is important to the child as well as to the mother, that it should be put to the breast within twelve hours after its birth, previously to which no kind of food should be given. It should then be suckled *regularly* about every four hours, day and night. But, during the night, it should never be allowed to sleep with the nipple in its mouth. In about a month or six weeks, in order that the mother's rest may be as little disturbed as possible, it should be suckled late in the evening, and again very early in the morning, and not at all during the night; and it should be very early accustomed to sleep in a cot or cradle on a soft mattress. If the strength of the mother will permit, and if her milk be abundant and good, it should live entirely on the breast for eight or nine months. If the mother be at all delicate, or her milk deficient, the child should be fed once or twice a-day on good goat's milk

fresh from the udder. If this cannot be procured, then cow's milk, also fresh, but mingled with two thirds of warm water. But in London, where the cow's milk is poor, it will be sufficiently diluted with one half of water. The milk used, should always be obtained from *one and the same cow or goat*, and should *never be boiled*.

Next to the mother's, the milk of a wet nurse is the best—then the goat's—then the cow's—then the ass's.

The child should never be put to the breast unnecessarily. Hundreds and thousands of children are made to suffer by excessive feeding. The habit of putting the child to the breast merely to pacify it, when cross or in pain, is, therefore, an exceedingly pernicious habit.

WEANING.

The age at which it is proper to wean a child, under ordinary circumstances, is eight or nine months. The best food is cow's milk, which, however, should always be obtained fresh, and always from *one and the same cow*; and should *never be boiled*. A few weeks after weaning,

a *very little* bread may be added to the milk, once or twice a-day. In a month or two more, a little plain pudding may be given at dinner; but no child should be over fed on meat until it is three or four year's old, and then the quantity given should be very small indeed. Bread and milk, morning and evening, and some plain pudding for dinner, is the proper diet for a child under four years of age. *Nice things* should never be given to children. Their food should never be made piquant and relishing by the addition of sugar, sauces, or any kind of condiment. It cannot *possibly* be too insipid. Nice, sweet, piquant things are only so many inducements to eat too much; and when once the stomach has become accustomed to the *stimulus* of too much food, a craving for this unnatural stimulus is generated, which craving can only be satisfied either by too much food, or some other stimulus equally *unnatural*.

Children should be fed plainly, at regular and equal, measured periods, and utterly without any sort of device to give any unnatural piquancy to the food.

At the age of one year and half or two years, all ordinary sorts of well-boiled garden vegeta-

bles, and potato, may be given at dinner instead of pudding, or in addition to pudding.

In the case of children having more or less of the scrofulous diathesis; that is to say, of nine-tenths of all English children—I am perfectly certain, from personal observation, that the established practice of ordering such children to eat plentifully of lean meat, is an injurious practice, and one which experience does not justify. Such children, I am quite sure, do best on a purely vegetable and farinaceous diet, with, perhaps, the single exception of milk.

But the one grand object, in the feeding of children, is to see that they do not eat too much.

The practice of giving children nice articles of food, as a reward for good conduct, is detestable. In the first place, cakes and sweetmeats given, as they usually are, between meals, injure the stomach, and interfere with the digestion of the previous meal. In the second place, it gives them a taste and a craving for such things. In the third place, it teaches them to set too high a value on the mere animal gratification of eating. The habit of giving children little sips of wine after dinner, is another abomination which every

prudent mother will avoid. Drugging children almost immediately after birth, with castor oil or other such medicines, is also most pernicious. Nature has especially provided the proper medicine in the *first milk* of the mother, which possesses an aperient property, which it afterwards loses.

Children sometimes bring up milk from their stomachs, when these have been overloaded, in a *curdled* state. This curdled state of the rejected milk is usually the signal for giving magnesia. It is supposed to be a sign that the stomach is disordered; whereas it is, in truth, a sign that the stomach is *healthy*. For as soon as the milk reaches the stomach, it ought to be curdled; and if it be *not* curdled, the stomach is *not* healthy. The healthy stomach always contains an acid when it contains food, which acid is absolutely necessary to digestion, and which necessary acid, magnesia destroys.

When, from the weakness of the mother, or other causes, it becomes necessary to rear the infant by other means than the milk of its own mother, then a healthy wet nurse, in every case where the expense can be afforded, should be procured. But, when this is impossible, the

next best thing is goat's milk. Should this be not procurable, then it should be fed entirely on the milk of *one and the same cow*, fresh from the udder, mingled with two thirds of warm water, if the milk be rich, or one half water, if it be poor; and the milk should never be boiled, for boiling makes milk indigestible. Neither should infants be fed with a spoon. They should always have a proper suckling bottle.

Infants should never be *taught* to walk. This practice often has the effect of bending the bones of the legs. They should be allowed to crawl and play about the carpet as much as possible with their limbs wholly unfettered, until they have taught *themselves* to walk. The baby jumper is a very good appurtenance to the nursery.

In winter, children should always be well and sufficiently clothed, but should always be allowed to go out whenever the weather is at all tolerable. It does a child of three or four years old no harm to get a little wetted by an occasional and unexpected shower, provided it be in exercise the whole time, and has its clothes changed as soon as it gets in doors.

Infants should never be allowed to wear caps.

TEETHING.

During the process of teething, if the gums become hot, hard, red, and swollen, they ought to be immediately and thoroughly lanced, *quite down to the tooth*. If the tooth be not reached, scarcely any relief will be afforded. For the object of lancing the gums is not, as mothers generally suppose, merely to make a hole for the tooth to come through, but to divide the *bag* which contains the tooth. If this bag be not divided, no good can be done by lancing the gums at all. The bag has become too small for the tooth, and it is the violent internal pressure of the growing tooth against the sides of the bag, which does not grow itself, which has inflamed its membranous structure, and is the cause of all the mischief and danger. It is absolutely essential therefore that the gums should be lanced quite down to the tooth, and the operation should be frequently repeated, unless relief be afforded—otherwise, convulsions and death will, in all likelihood, be the result of the omission. It is not a painful operation—frequently it is pleasurable—and infants will sometimes themselves endeavour to press the instrument

deeper into the gums, by closing them upon it and biting it. Thoroughly and frequently lancing the gums, is the only remedy which can be relied upon in these cases. But cold bathing, free exposure to the air, and a milk diet, will have much influence in allaying the feverish excitement which accompanies difficult teething.

CONVULSIONS.

Should convulsions come on, the child should be held over a tub, and a pailful of cold water (in summer) should be suddenly dashed over its back. In winter, the temperature of the water should be 65° of Fahrenheit's thermometer. *This done*, a messenger should be immediately despatched for a medical man. *But in no case should this bath be deferred till the medical man arrives.* Whenever convulsions occur, from whatever cause, this treatment should be immediately adopted. It is the only known treatment capable of cutting short an attack of convulsions.

VACCINATION.

Every infant should be vaccinated. It is criminal to neglect it; and the operation should be performed at the age of three weeks. So far

as my own opinion goes, it is prudent to repeat this operation every four or five years, until the age of about twenty.

BATHING.

The practice of cold bathing, in the case of infants, should begin at the age of two months; and, once begun, should never afterwards be laid aside. At the commencement of this practice, great care should be taken not to frighten the child by bringing it in contact with the water too suddenly, or in too large quantity. If the weather be at all cold, the bath should be administered before the fire, and the temperature of the room should be moderately warm. For the first week or two, *after having washed the infant in warm water with soap*, it may be merely rubbed by the hand of the nurse, frequently dipped in a basin of cold water by her side, for two or three minutes. But at the expiration of a week, the child should be *dipped*. A sufficient quantity of water having been put into a tub of sufficient dimensions, the child should be held by its two wrists in one of the hands of the nurse, and by its two ankles in her other hands, and then be submerged *once* in the water,

and quickly withdrawn. It should now be enveloped in a large towel, and laid on the lap and rapidly dried.

This bath, during the period of teething at least, should be repeated just before the child is put to bed for the night. In summer, the water should be cold—in winter, it should have a temperature of 65° or 70° Fah. For the first six months I recommend the morning dip to be always preceded by an ablution, over head and all, with warm water and soap, the water having a temperature of about 94° Fah.

When the child comes to be two or three years old, it may be seated at the bottom of a tub, and have a small pailful of cold water poured over it.



